Bundyres No. 180 1-1 180 X - 180 X - 110 110 Street Street THE THE STATE OF BUTLE TO NODE INTO it is the level Abernethy voroving to of

.b. Marie Dillorost Cambens Till. Costa Cambinal C.

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79077	1-	STATE						9 0	U	7 3 /	Jan 1
X	LOF		FIRST	7412		IIIAEK 3	LAST			ATH BAY VEAD	Tax HOUR
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E SE	3 SE	X I4 RAG								TH DAY YEAR	
25 E	Second S										
ZA A			<u>lte</u>			0		9 BAITH			42 JUM
是是	FC	DREIGN COUNTRY)			THE COUNTRY;			RIED 📙	_		
3	In C	aryland	ATH		SPITAL NILIPSING						
8//	1		AIII	(IF NOT IN SUCH F	ACILITY, GIVE STREET ADDI	RESS)				OR INDUS	TRY
1 4	Se	lisbury	IBEING BONE O				Hospital	Carpe	nter	Const	1
24			134 COUN	TY			13d. INSIDE CITY LIMITS?			9484	2
1	-		Word	ester	Ocean	City	7		ew Avenu	ie, Rt. 1	
12	P	ATHER'S NAME FIRST					FIRST	EN NAME	MIDDLE	LAST	
Z	1									Free	ny
2	16a. \	WAS DECEASED EVER (ES, NO, OR UNKNOWN)	(IF YES, GIVE	AED FORCES? WAR OR DATES)					ADDRESS		
-	_	No			216-09	-5963	Vesta A	dkins. (Ocean Ci	ty. Mar	vland
		18 CAUSE OF DEA	TH (Enter onl	y one cause per lin	e far (a), (b), and (c)	.)				APPROXIMA BETWEEN ONS	TE INTERVAL
į		PARTIDEATH			Hyperte	nsive	Cardiova	scular	Disease	yea	.I'S
ALONG W SIT PERMIT. TYGIENE, DI AOVAL.		1000		DUE TO, OI	R AS A CONSEQUE	NCE OF					
F MEDICAL EXAMINER ALONG ED AS A BURIAL -TRANSIT PERMI HEALTH AND MENTAL HYGIENE, LL. CREMATION, OR REMOVAL.				(b)							
S.F.T.		couse (a) statin	g the under-	DUE TO, OF	R AS A CONSEQUE	NCE OF					
N		ly and coose to sa		(c)							
		PART 2 OTHER SIGNIFICAL	NT CONDITIONS	ONTRIBUTING TO DEATH	RUT NOT RELATED TO TH	TERMINAL DISEA	SE OR CONDITION GIVEN IN P	ART I to			
	CERTIFICATION										
1	13	190. DATE OF OPER	ATION	19b COND	ITION FOR WHICH	OPERATION V	VAS PERFORMED?			20 AUTOPS	Y?
7	1									YES 🗌	NO 🎒
2		UNDERLYING		216 TIME O HOUR A.A		YEAR 21c. H	IOW INJURY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18 PART 1	OR PART 2)	
2	N N	CONTRIBUTING	CAUSE OF E	DEATH P.A	Α. 1	9			100		
3	MEDICAL	21d INJURY OCCUP			OF INJURY (AT HO)		CATION	CITY OR TO	OWN	COUNTY	STATE
	5	WHILE AT WORK AT W	VORK]	, , , , , , , , , , , , , , , , , , , ,			CITTORII		2001411	STATE
		220 cartify that	I took chara	e of the remains de	scribed above, held	on Autor	osy , Inspectio	n X. Inquir	X and in m	y apinian	7. 5.6
		death resulted from	13	ol causes .	Accident .	Suicide	Homicide .	Undetermined m		7 apinun	
		Scott resolved from	Janoi	7	Accident	Juicide [TITLE (SPECIFY)	Ondetermined n	nomer L.J.		
		ACTUAL SIGNATURE		1			Deputy		D/	ATE 3-11-	85
5	1/	//		,	1	^		MEDICAL EXA		JNED	
6	1	EXAMINER'S NAME	Ear	L. Ro	yer, M.D		ADDRESS 409	Camden A	ve., Sa.	lisbury,	Md.
	23a F	URIAL, CREMATION,									
v	1	Buria		3-13-85	Eve	rgree	OR CREMATORY	Berlin	Worces	ter M	TATE
	24 F	UNERAL DIRECTOR	100	who to			250. DATE	REC'D. BY REGISTR	AR 256 REGISTRAF	'S SIGNATURE	
5))	F	lastings	Fine	rel Hom	e, Selby	wille		5 1985	Jan Lauria	out freshan	
"		- 45 0 11150	UIIO	LUL IIOIII	o, corry	A T-7-7- C	, 20 11/11/	U			

Evan and to means the title with the - 1- 10 Difference of the second secon The sales of the sales LEMMAN V. Star & Market William Control

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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

09575

0		REGISTRAR	REG. NO.								
p 4		ORPRINT) LOUTA	ra J.	Adkins	3-8-85	10 45 A					
2	3. SE	emale	White	5. DATE OF BIRTH 05 07 1887	97	INDER TYEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.					
(A)	7a B		CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF Wicomico						
90	10. C		1. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED GHOME OR OTHER INSTITUTION ADDRESS) OF NUTSING HOME	12a USUAL OCCUPATION	12b. KIND OF BUSINESS O INDUSTRY					
1	USU 13a	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT aryland Wicon	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET ADDRESS / ZIP CODE Schumaker Lane	21801					
200		Trving	Littleton	Rose FIRST		hockľey					
Popes Popes		VAS DECEASED EVER IN U.S. ARM VES. NO OR UNKNOWN) (IF YES. GIVE	ED FORCES? 166 SOCIAL SECU		r. Vincent Adkins (So treet, Salisbury, Mar						
physics n papers mayor, vent, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o), (b), one BY	=		APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH					
the ottending remove corbine remove corbine removes to or it completely to the removal or it is not the removal or it is not only in		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.		ordenotic h	9	yres					
or been upon e-prior to bur	FICATION	PART 2 OTHER SIGNIFICANT CO	Innative Pul		AINAL DISEASE OR CONDITION GIVEN ALL REPORTS (100 AUTOPSY? 100 IF YES, WINGERTIFYIN						
1110	AL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		Y YEAR 21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)					
the turns	MEDICA	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FA	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
TOR Ath for size of of Health 21 is mark		22a I certify that (i) (this hospital sow the deceased alive on oboy. (i) () () () () () () ()	3-8 198	3-21 19 16 55 ond that ((my) (out) opinion	deoth occurred on the date and hour on	65, that (II) we) lo					
CAL DIRECTOR DIRECTOR DISPLANT OF Despt.		22b. SIGNAFORE	Zudsely.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF □ DIRECTOR □ PHYSICIAN □	3-4.85					
O FUNE hould be hould be		John G. Bulk	eley, M.D.	Pine Bluff Ro	d., Salisbury, Maryla	nd 21801					
		Burial Burial		IAME OF CEMETERY OR CREMATORY ICOMICO Memorial P	Park Salisbury, Wicon	nico, Marylan					
H - 16 60M 7/84 (VRA 15, 4)	24 FI	Holloway Funer	al Home, P.A., Sc	alisbury, Md.	REC'D. BY REGISTRAR 256. REGISTRAR	S SIGNATURE					

Carried II LEADING SURVEY of 6 th south of tuned out opens 131/2 reasons from the standarders of the Charles of Landine Purmoney June , Williams to williams District of States Very Bush core production of

BP.

DHMH - 16 60M 7/B

(VRA 15, 4)

FOR

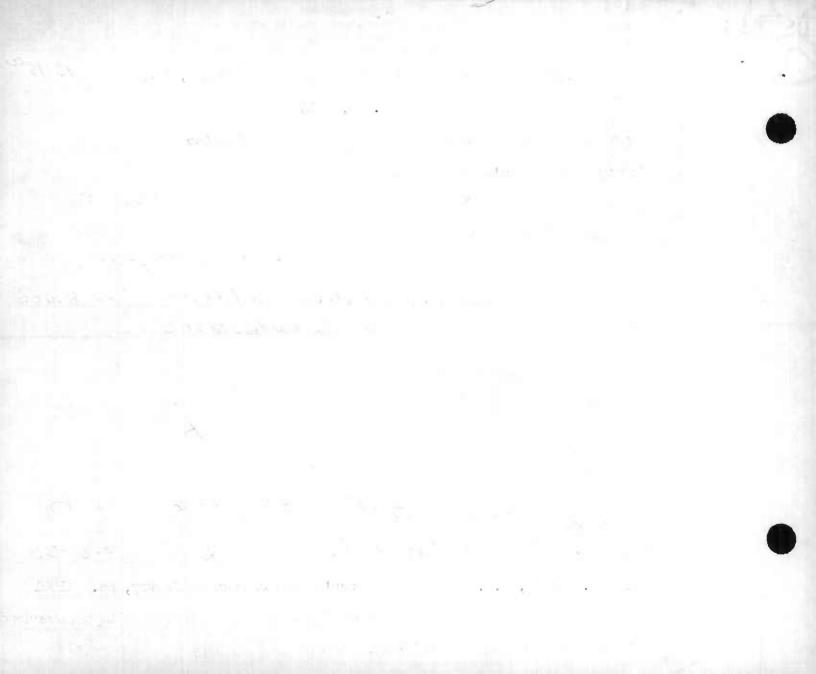
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.			
ौ		CEASED NAME	FIRST	74.	MIDDLE	21	AST ,	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	[TYPE	1.1.1	er	Erne	st	HOK	Ens		3	21	85	6:55 PM
	3. SE)			4. RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UND	ER LYEAR	IF UNDER 24 HRS
		Male		White		10	7 1888 YEAR	96	YR	S	DAYS	HOURS MIN.
L	7a. BII	RTHPLACE (STATE OR F	OREIGN -	76 CITIZEN OF	WHAT COUNTRY?	8. MADDIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COU	NTY OF D	EATH	
M	Sc	lisbury, Mo	rylan	d U.S	.A .	WIDOWE		WICO	MICO			MD.
11		TY OR TOWN OF DEA	TH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	176 USUAL OCCUPA			KIND O	F BUSINESS OR
		ALISBURY					NURSING HOM	E Farm	ing			
75	13a S		136 COUN	OTHER INSTITUTION	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13 STREET ADDRES	S / ZIP CO	ODE		
2		aryland	Sam	erset	Princess A	Anne	YES NO	Stewart N	leck l	Road		21853
1/		THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE			LAS	ī
0	_	Villiam		denry	Adkins		Lavinia			Ho	sting	gs
7		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT Mr. K			(San		
4		No			212-12-3	182A	Rte #3 Box	484 Princ	ess A			
		18 CAUSE OF DEATH	H Enter on	ly one couse per	7 2		-0				BETWEEN	MATE INTERVAL
				TE CAUSE (o)	Cerebr	al	(hombore	2			4	5 han
				DUE TO, O	RASA CONSEQUE	NCE OF	a le				1	
		Conditions, if ony, gove rise to imm		(b)_	Cent	w	Or Perios	clark			40	ردلي
		couse (a), stating	g the lost	DUE TO, O	R AS A CONSEQUE	NCE OF					1	
				(c)								
96	Z			cle wit		EATH BUT	NOT RELATED TO THE TERM	DISEASE ORCO	NOITION	GIVEN IN	PART 110	9
P	CERTIFICATION	19g DATE OF OPERAT					IN WAS PERFORMED	200 AUTOPSY?	20b. IF	YES, WER	E FINDIN	IGS USED
4	IFIC								IN CE	RTIFYING	CAUSES	OF DEATH?
	ERT	21a ACCIDENT WAS UND	ERLYING [216. TIME O	F INJURY		21c HOW INJURY OCCUR				PART 21	NO []
1		OR CONTRIBUTING		KIN	M. MONTH DA							
	MEDICAL	(IF EITHER NOTIFY MEDIC		21e. PLACE	OF INJURY	19	211 LOCATION					
	W	WHILE NOT WH	ILE 🔲	(AT HOME STE	EET FACTORY, OFFICE FA	ARM, ETC)	STREET	CITY OR	IOWN	cc	YINUC	STATE
		22a L certify that	(this hospi	tal) attended th	e deceosed from	Teo	27 10 85	10 Mouch	21	19 8	2	that 🖼 (we) last
		sow the decease above, (D(we) (d	d olive on	March	121 108	5	nd that in (my) (our) opinion i	death occurred on the	dote and	hour and I		
		226. SIGNATURE	III (GHE-HO	n view the body	offer deoff.		DEGREE			2	2c. DATE	SIGNED ,
		Throw	100	C 14	N OK	. 1	M. ATTENDING	MEDICAL ST	AFF		3	122/85
1		226 PHYSICIAN'S NA	ME (TYPE C	OR PRINT)			22e ADDRESS	1 1				100
		THOMA	5 (C. HILL	IR		1210 Cam	den AUE	, 5	celis	bul	By Md
		URIAL, CREMATION.	REMOVAL	23b. DATE	23t N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION				1
	(Burial		3/24/	1985	Wicor	mico Memorial	Park Sali	sbury	, Wic	omic	Maryland
	24 FU	NERAL DIRECTOR					25a. DA	MARDIZY NO MICHIGA	256. REC	SISTRARS	SIGNAT	URE THE
			v Fur	neral Ho	me Pa	Salisb	ury, Maryland	-	-			

Tooggi CHEST COLLEGE OF THE STREET Elyppin with the same and the same of the

82253	1.	FOR STATE REGISTRAR			DE	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE D S	0 9	5 7	7
3.15/4.16.8		CEASED NAME	FIRST	-	MIDDLE		LAST	2a. DATE OF DEATH	MONTH DAY	YEAR 2b. HC	DUR -Q
ay be			ughn		В.	ARNSP	ARGER Sr.	March 6,	1985	12	1/5M
e 6	3. SE	(4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDE	DAYS HOURS	DER 24 HRS
a south		Male		Whit		Nov	/	71	YRS.		
neral dii n 72 hor	H	RTHPLACE (STATE OR FOR COUNTRY) DIGETSTOWN, A	Maryl	and U	WHAT COU	MARRI WIDOV	ED NEVER MARRIED DIVORCED D	Micomico	R COUNTY OF DE	ATH	MD.
. 1.077		TY OR TOWN OF DEAT	н		H FACILITY, GIV	E STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF SERVICE OF WORK FOR MOST OF RESTURANT	F WORKING LIFE) IND	KIND OF BUSI USTRY	NESS OR
	13a. S	AL RESIDENCE (IF NURSIN TATE aryland	36 COUN		130 CITY O Salis	RTOWN	136. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	ZIP CODE Hill Lane	2180	1
1007	14. FA	THER'S NAME Walter		ant A	rnspar	ger	15 MOTHER'S MAIDEN NA Mabel	WE	Ham	mond	100
MORE,		VAS DECEASED EVER IT (ES. NO OF UNKNOWN) Y CS		MED FORCES?		0-3158A	1317 Westch	Vaugha B. Ai ester Street,	ss rnsparger, Salisburý	Jr. (So Maryl	n) and2180
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMOR ING PHYSICIAN. The law requires that the death certification retaining physician. Viter this certificate has been signed by the attending physician and strength eviral-transit permit. Then please remove carbonoppin trage than Americal Hygiene prior to burial, cremotion, or removal arkeds.		18 CAUSE OF DEATH PART I. DEATH WA I. Conditions, if any, gave rise to imm cause (a), stating underlying cause	MMEDIATE which ediate the	DUE TO, O	R AS A CON	ier o	folle be		- /	APPROXIMATE IN ETWEEN OMSET AL	NOOTATH
At RECORDS, 2) he low requires on. has been signe it permit. Then p iene prior to bur	CERTIFICATION	PART 2 OTHER SIGNI					T NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C	FINDINGS US	ATH?
PHYSICIAN; T PHYSICIAN; T this certificate te burial-trans ad Mental Hygi		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEAT	In .	M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T OR	PART 2)	
IVISION IG PHYS attendin fer this c s the bur and Me	MEDICAL	21d. IN JURY OCCURRE WHILE NOT WHIL AT WORK AT WORK	E	21e PLACE (AT HOME, STR		OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn co	UNIY	STATE
TO HOSPITAL OR ATTENDIN retained by the hospital or TO FUNERAL DIRECTOR: At should be detached for use o with the Store Dept. of Health IMPORTANT: If them 21 is mo		22a.1 certify that (I) (saw the decease above/(I)/we) (II) 22b. SIGNATURE MOUNT 22d. PHYSICIAN'S NAI Nancy W.	dive an dividid not	view the body N. 7	5 ofter death.	19.85	DEGREE ATTENDING PHYSICIAN [172 ADDRESS Deer's Head	MEDICAL STAIL DIRECTOR PHYSIC	pte and have and for	1. DATE SIGNE 3-6-	stated D
P	23e. E	URIAL, CREMATION, R SPECIFY) Burial	EMOVAL	23b. DATE 3/8/1	985		CEMETERY OR CREMATORY Haven Cemeter	1234 LOCATION	own Washi		Astate Varylan
DHMH - 16 50M 4/83 (VRA 15, 4)	24. FU	Holloway Fu	unera	l Home,	P.A.,	Sälisbur	y, Maryland MA	R 1 1 1985	25b. REGISTRAR'S	SIGNATURE	12



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

0 9 5 7 8

	REGISTRAR				CEKITE	ICAIL OF DEATH	REG. N	0.		
	CEASED NAME	regon		P.	4	SHBRIDGE	MARCH	MONTH DA	1985	0835 _M
1. SE	Male	4.	RACE	2	S DATE O	h 5, DAY 1960 EAR	6 AGE (IN YEARS LAST BE	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
102.	RTHPLACE (STATE OR FO	OREIGN 7b	U. S.	A.	Y? 8. MARRIEI WIDOWE	NEVER MARRIED A	Wicomic		OF DEATH	MD.
	Salisbury	/	(IF NOT IN SUC	HOSPITAL, NURS HEACILITY, GIVE STRE SULA GE	ET ADDRESS)	Hospital	120 USUAL OCCUPAT Sype of work for most of aintenance	OF WORKING LIFE)		,
13a.1	AL RESIDENCE (IF NURSI	I COUNTY CCOM	Y ,	130 PERSIDENCE BEFORE	WN	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS	ZIP CODE	99	2999
14 F/	Byron	Ashbr	idge	LAST		15. MOTHER'S MAIDEN NA	a MIDDIE	y	LAS	12
16a \	NAS DECEASED EVER		ED FORCES? WAR OR DATES)	223-06-	6635	Byron Ashbr	idge, Assau	omen,	Virgin	ia
	R. CAUSE OF DEATH PART I. DEATH W. Conditions, if any, gave rise to imm cause (a), stating underlying cause	AS CAUSED IMMEDIATE which nediote g the	DUE TO, O	Me for (a), (b), Me for 5 %. RAS A CONSEQ	OUENCE OF	Malignant	+ Fibrous Histiory	toma	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
CERTIFICATION	PART 2. OTHER SIGN					NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES,	WERE FINDII	
MEDICAL CERT	21a ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB	AUSE OF DEATH	P. 21e PLACE	M. MONTH M.	19	211. LOCATION STREET	RED (ENTER NATURE OF INJU		COUNTY	STATE
The State of the last	220 I certify that the saw the decease obove, (1) (20) Id 22b. SIGNATURE 22d. PHYSICIAN'S NA	(this hospital did live on Lid) (did non Lid) (did) (did non Lid) (did non Lid) (did non Lid) (did non Lid) (did n	yiew the body /al PRINT! Ma-ti	ofter death.	85 , or	1300 5.	MEDICAL STA	FF CIAN	22c. DATE 3/9	SIGNED /85
	BURIAL, CREMATION, I	REMOVAL	3-12-8	5 %	ohn Tay	EMETERY OR CREMATORY LON CEMETERY	13 LOCATION emperon	ceville	3:punVir	giniante

DHMH - 16 50M 4/B3 (VRA 15, 4)

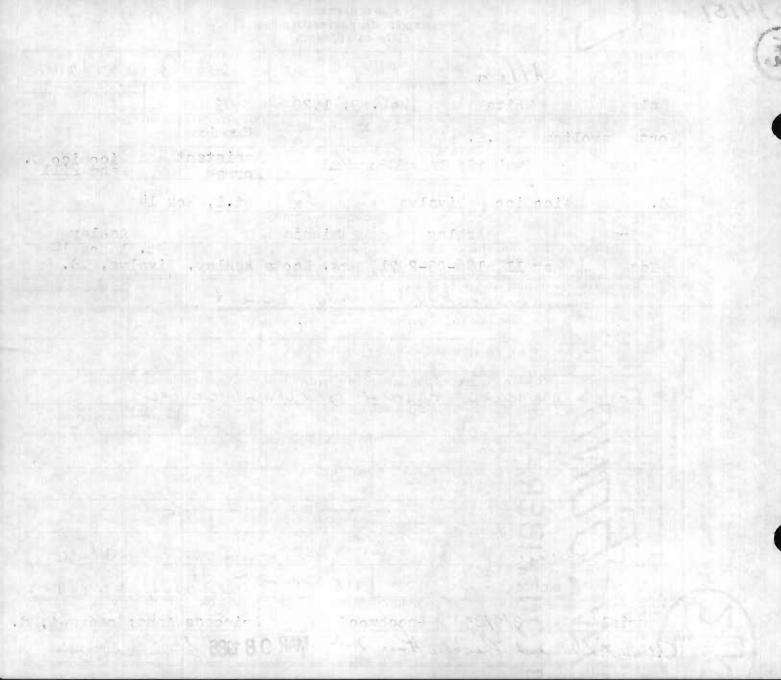
24 FUNERAL DIRECTOR

Temperanceville puntinginia ATE

		Tall Little			
		1			
7	State of the same				
	STORES TO STORE STORES				
	MRS - TO	K	n fidureth.	\$55mc50a	Valence
				of grant a	30500
ingines,	incu men erhi	negan-maya j	7(10-16-625)		50
		NAME OF STREET			

DHMH - 16 50M 4/83 (VRA 1S, 4) Lance of Ginner Princes Anna. In

MAR 0 8 1985 Julie Deviden Andre



	1		STATE OF MARYLAND	9 5 0	9 5 8 0
	11.	FOR STATE	DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		
93060	_	REGISTRAR	CERTIFICATE OF DEAT	REG. NO.	
be 3		CEASED NAME CHAU	NCEY Doty AULD	20. DATE OF DEATH MONTH	2 1985 5:10 M
	3. SE		RACE S. DATE OF BIRTH MONTH / 2 18	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR FUNDER 24 HRS
人教人	7a B	RTHPLACE (STATE OR FOREIGN	6. CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRI	ED BALTIMORE CITY OR COUN	TY OF DEATH
the furth d with	10 C	ITY OR TOWN OF PEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTE THOSPINAS CHEACHTY CAVE STREET ADRESS.		126 KIND OF BUSINESS OR
in by be filed	USU 13q	AL RESIDENCE (IF NURSING HOME OR STATE 113h, COUN	ITHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. CITY OR TOWN 13d. INSIDE CITY LIA	MITS? 130.STREET, ADDRESS & ZIP/D	Inwiver Star
thin 2 ely fill 2 shou ine	IA F	ANYLAND WIC	OMICO SAUSDUNY YES NO 15. MOTHER'S MAJE	DEN NAME	ANK DN-2180
omple of the control	1/2	WAS DECEASED EVER IN U.S. AR	DOTE ASTULD IT INFORMANT	IAN MIDDLE	Dory
Poges medic	A	YES NO OR UNKNOWN) (IF YES, GIA		MANSHALL SALIS	
physicio onpopers emovol.		PART I. DEATH WAS CAUSE	one cause per line for (a), (b), and (c).) BY: CAUSE (a) Heart failur	τ-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 WCC
		IMMEDIAI	DUE TO, OR AS A CONSEQUENCE OF		
deoth ottend ove co otten, o		Conditions, if ony, which	(1b)		
by the ase rem I, cremo		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
squires in signed Then plec to buriol	N O	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE OR CONDITION	GIVEN IN PART Tra
hos beer prior ene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
3 PHYSICIAN: The Intending physicion. In this certificate has the buriol-transit per and Mental Hygiene and Arental Hygiene and or frem 18 shows	10	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		OCCURRED (ENTER NATURE OF INJURY IN ITEM	18 PARI I OR PART 2)
or attending After this certe so the buriol of the ond Mentimorked or item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	1	220.1 certify the (1) (this hospi	all) attended the deceased from	87 10 mo-ch 23	19.65, that (I) (we) last
R ATTEN hospital IRECTOR: hed for ur ept. of He frem 21 is		saw the deceased alive on		opinion death occurred on the date and	hour and fram the causes stated
0 % 0 % 0 =	1	776 SKNATURE	DEGREE	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN	3. 23.85
HOSPI inned b build be that the Signature of the Signatur		Michael Type		Riuseride,	Salisbury
	23e	BURIAL, CREMATION, REMOVAL	236. DATE 3/23 1985 PELMANVA CAE	CITY OF TOWN	C cquat Mate 1
BP	74.5	DEMATION UNERAL DIRECTOR	3/23/1985 PELMANVA Che	M. Lewes	ONDIEK NEL
IMH - 16 50M 4/83 (VRA 15, 4)		BAKEN + BO	UNDS SATISDURY, MD	MR 27, 100 9400	minness in

0.115.00

the same of the sa

OR ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEC NO

1	REGISTRA	lR .				CERTIFI	CATE OF DEATH		REG. NO).			
١	I DECEASED NA	ME	FIR5T	N	AIDDLE	B	alley	20 DATE	OF DEATH	MONTH D	DAY YEAR	26 HOL	JR
1	(THE OR PRINT)		Cecil	[Dow	69	iley	Ma	rch :	3.19	185	23	OYM
	3 SEX		4.	RACE		5 DATE O		6. AGE (IN YEARS LAST BIRTI	- IOAN	FUNDER TYEAR	HOURS	R 24 HRS
	Male			White		04	08 1913	71		YRS			
ĝ	7ª BIRTHPLACE	(STATE OR FO			WHAT COUNT	RY? 8 MARRIED	X NEVER MARRIED	1	AORE CITY OF	COUNTY	OF DEATH		
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7	Salisbur		н [11	(IF NOT IN SUCI	H FACILITY, GIVE 5		ospital	(TYPE OF W	ALOCCUPATION OF THE PORT OF TH	WORKING LIFE			ESS OR
7	USUAL RESIDEN 130, STATE Marylan		36 COUNTY Wicol		GIVE RESIDENCE B	EFORE ADMISSION)	13d. INSIDE CITY LIMITS?		T ADDRESS /			010	0.1
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1	Clanto	1	WID	DDIE	Baile	y	Annie	THE STATE	MIDDLE		Scrog	gins	
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1	underlyin	g cause	lost.	(10)									
		THER SIGNI	IFICANT CO	NDITIONS <u>CC</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISE	ASE OR COND	ITION GIVE	EN IN PART 1	0	
_	A STIE CATION	OF OPERATE	ON.	Vin comp	TION FOR MA	HCH OBEDATIO	N WAS PERFORMED	20- 41	JTOPSY?	TON IE VES	, WERE FINDIN	NCCHEE	-
1	S IN DAIE	OF OPERATI	ON	148 CONDI	ITION FOR WE	TICH OPERATION	N WAS PERFORMED			IN CERTIFY	YING CAUSES	OF DEA	TH?
	SK 21a ACCIDE	NT WAS UNDE	RIYING [7]	21b. TIME O	E IN ILIRY		21c HOW INJURY OCCU	YES [YES		NO [
3			USE OF DEATH		M. MONTH	DAY YEAR	THE HOW INSORT OCCU	OKKED TENIER	FNATURE OF INJUR	THE HEM TO PA	ans ron ran es		
	0	Y OCCURRE		P./		19	211 LOCATION						_
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	sow t	he deceased	d olive on				nd that in (my) (our) opinio		rred on the do				
	276 SIG		a) (did not) (view the body	offer deoffi.	1	DEGREE				22c. DATE	SIGNED	-
		NU	Klino			m y	ATTENDING PHYSICIAN	MEDIC.	AL STAF OR PHYSIC	F IAN 🗍	3/	4/8	5
	22d PHYS	CIAHSNA	ME (TYPE OR PI	RINT)			12e ADDRESS					^	
	70	Renh	N	. GRY	9580		1300 S. Bu	orsin	74. 9	allor	My	Ma	
	23a BURIAL, CRE	MATION, R	EMOVAL	236 DATE			EMETERY OR CREMATORY		CATION CITY OF TOWN		COUNTY	7.3	STATE
	(SPECIBUR			3/7/1	783	Rutled	ge Cemetery		Rutledge	e Cre	enshaw	Alab	ama
	24 FUNERAL DIF				ADDR	ESS	MAR "	7 TE RECIDE	S PEGISTRAR	SIN REGISTI	RAR' 791GNA	W.RE	,
	Holl	oway l	Tunera	I Home	P.A.,	Salisbur	y, Md.		0				-

DHMH - 16 50M 4/B3 (VRA 15, 4)

and completely filled in by the funeral oges. On 2 should be filed within 72

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and co should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or Item 18 showpony injury, or other traumatic event, the medical

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STATE OF MARYLAND

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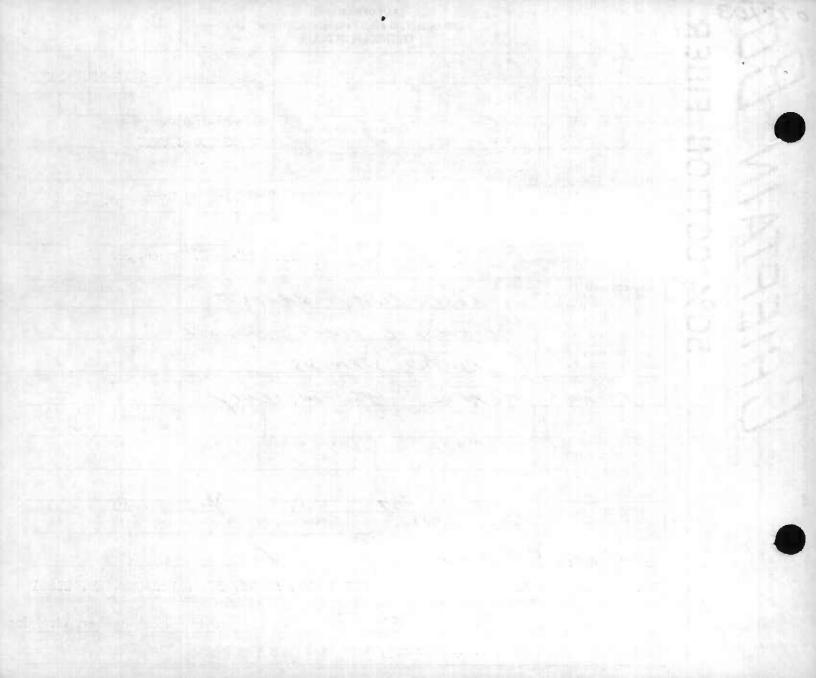
STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYGIENE	8	5	0	9	j	8	,
CERTIFICATE OF DEATH		REG. NO.					

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. I	NO.				
١		CEASED NAME	FIRST		AIDDLE	L	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. I	HOUR	
4	TITPE	OR PRINT)	MARY	Loc	ler	BOWE	N			3-11-8	35 1	:20P	M
	3. SE)	K	MARI	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST 8	IRTHDAY)	IF UNDER 1 YE	AR IFU	INDER 24 HR	
Į,		Female		White		10	23 1901 YEAR	83	YRS.	ONTHS DA	YS HOU	URS MI	N.
3		RTHPLACE (STATE OR F			WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH			
2		orfolk, Virg		U.S.		WIDOWE		WICOMICO					MD.
9	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURSIN H FACILITY, GIVE STREET :		OR OTHER INSTITUTION	12a USUAL OCCUPA (1YPE OF WORK FOR MOST HOUSEWIT	TION OF WORKING LIFE	12b. KINI INDUSTI		SINESS	DR
4		LISBURY AL RESIDENCE LIF NURSI			URY NURSI		OME	Housewit	е				
<	13a. S	aryland	13b. COUN		Salisbur		13d INSIDE CITY LIMITS? YES NO	328 Glen	Avenue	Apt.	102	218	801
-	14 FA	THER'S NAME		WIDDLE	. LAST		15. MOTHER'S MAIDEN NAM	ME		c	LAST		
1		Robert			Loder		Edña			Smith)		
		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 226-72-1		Same as # 3e	William 🔁	Bowen	, Jr.	(Sor	1)	I
Ó		18 CAUSE OF DEATH PART I. DEATH W.	H (Enter or AS CAUSE	ly one couse per D BY:	line for (a), (b), and	dicil	01 - 11	1557				INTERVAL AND DEAT	IH_
9		N SE	IMMEDIA1	E CAUSE (0)	1CESF16	7 19/	decy mil	(=3/	-				_
		C. dre u		DUE TO, OI	CONVEST		WEART	Zame	· pan				
٦		Conditions, if ony, gove rise to imm	rediote	(b) <u>C</u>		100	REMICI	/ Hickory					_
1		underlying couse	9	DUE TO, OI	R AS A CONSEQUE		STEMUSSIS						
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	ATH	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO		20a AUTOPSY?	20b. IF YES,	WERE FIN	DINGS	USED	-
7	CERTIFICATION							YES NO	IN CERTIFY YES	_		OEATH?	
	CER	210. ACCIDENT WAS UND	ERIYING				21¢ HOW INJURY OCCURR						_
		OR CONTRIBUTING C		1114	M. MONTH DA	AY YEAR							
	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATION						_
	ME	WHILE NOT WH	ILE 🗌	(AT HOME STR	EET, FACTORY OFFICE F	ARM, ETC 1	STREET	CITY OR 1	OWN	COUNTY		STATE	
		22a certify that (1)		tal) attended the	e deceased from_	721	190,6		. 1	9 61	_ that	(I) (we) I	ost
1		saw the decease above, (1) (we) (d	d olive on	3/11	198		nd that in (my) (our) opinion o	death occurred on the	date and hour	and from	the couse	es stoted	
		226. SIGNATURE		1	10.		DEGREE ATTENDING	MEDICAL ST	AFF	22c. DA	ATE SIGN	NED	
Ц	67	Willes	un/	A Rot	ras		PHYSICIAN L	DIRECTOR PHYS					
		DR. WILLI					CIVIC AVE, A	T RT. 50,	SALISB	URY,	MD.	2180)1
13		BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATION					=
	(Buria	1	3/13/	1985	Rosel	land Cemetery	Reedvil	le Nor	thlum	ber,	Viro	inia
	24 FL	UNERAL DIRECTOR		11	D. A. 100c-11	1	25a DATE	E REC'D. BY REGISTRA	R 254 REGISTE			0.00	1017
		Holloway Fu	unera.	Home,	P.A., Sali	soury,	Maryland MAR	2.18 1985	Timano	UH dAer^-	-Mand	LAFE.	12

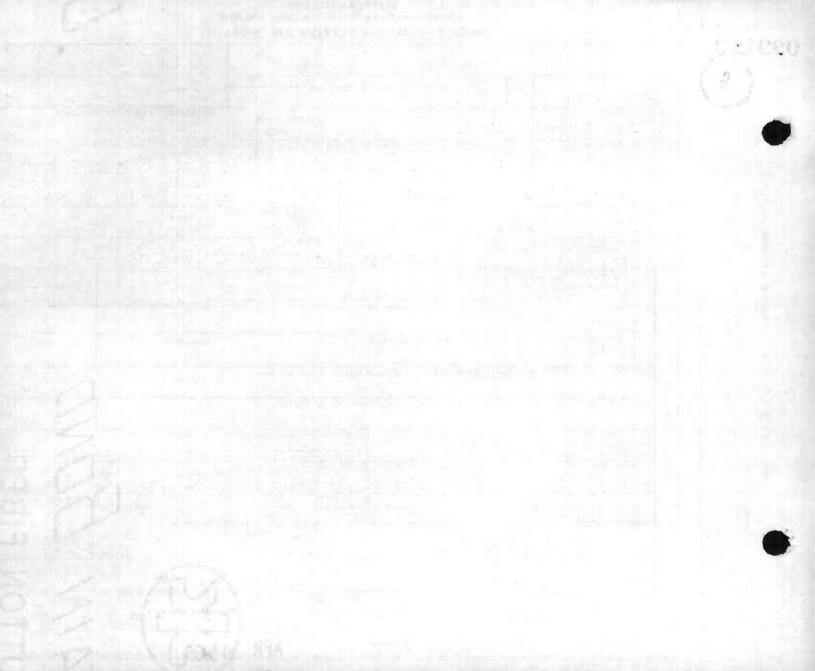
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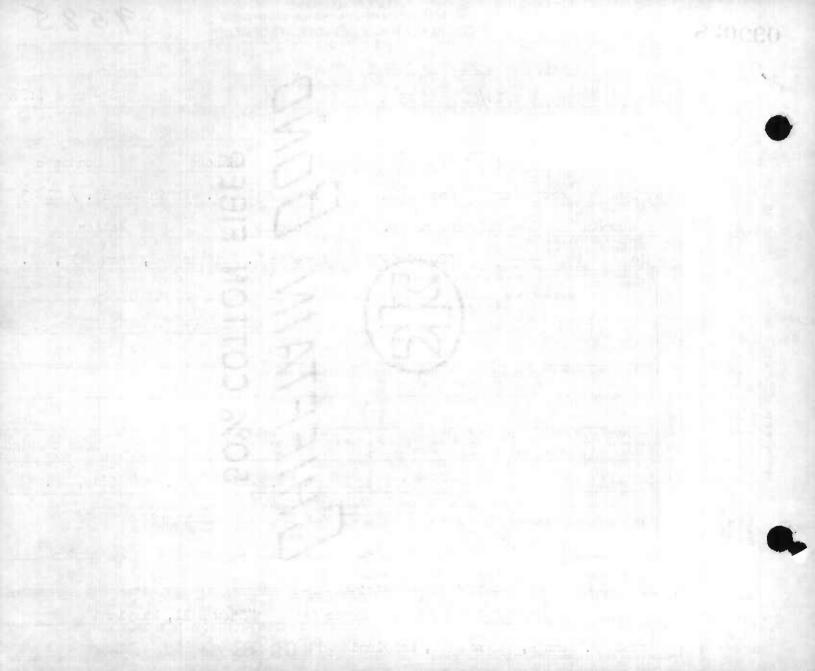
INPORTANT: If them 21 is marked or them 18 shows any injury, or other troumatic event, the medical exa



STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME ESTI-DEATH MATED LEE 3-28-8519 MARVIN BRITTINGHAM, JR IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 3-28-85 6:50P 6/14/61 23 DEAD White Male 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED FOREIGN COUNTRY! Maryland USA DIVORCED WIDOWED | Wicomico County D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Laborer Concrete. Peninsula General Hospital Salisbury 3s STATE No COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS NO □ 221 S. Washington St. / 21863 Maryland Worcester Snow Hill 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Dorothy Watson Lee Brittingham Sr. 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 220 90 9939 Lynette L. Brittingham, Snow Hill, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY COMMEDIATE CAUSE (6) Eletrocution DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) subject pouring cement through a hose carried UNDERLYING CONTRIBUTING CAUSE OF DEATH by anboom apparently struck high tension wir 21e PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 121st. St. & Costal Howy. Ocean City, Md. construction site Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection and in my apinian TITLE (SPECIFY) Assistant MEDICAL EXAMINER 3-29-85 SIGNATURE EXAMINER'S NAME Margarita A. Korell.M.D. 111 Penn Street TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE Burial Whatcoat Methodist Snow Hill, Maryland 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 125h REGISTRAR'S SIGNATURE DHMH - 17 Norman F. Dennis. Snow Hill, Maryland (VR A15 ME (5))

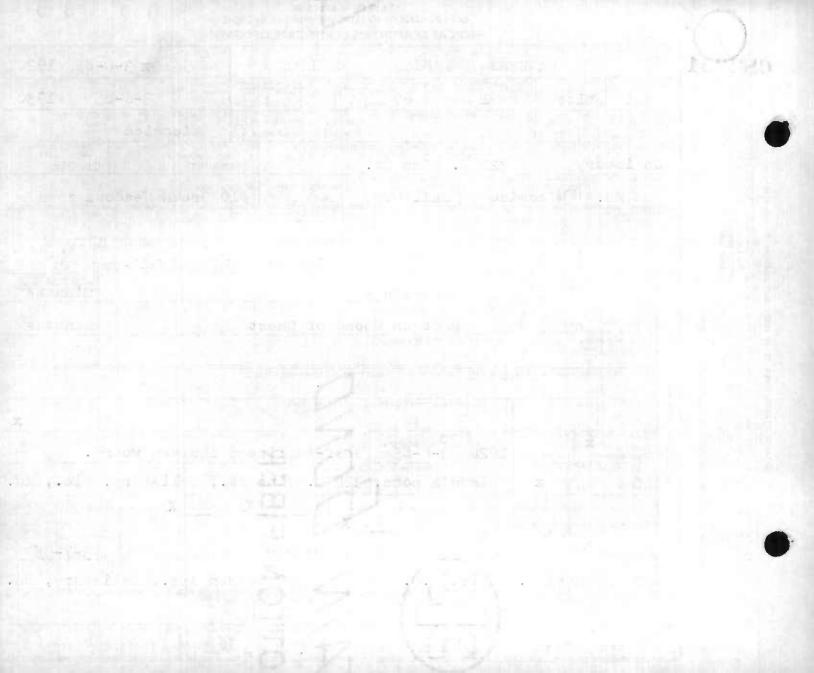


74024	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 9 5 8 6 CERTIFICATE OF DEATH REG. NO.
(F)	I DECEASED NAME FIRST MIDDLE LAST I 26 DATE OF DEATH MONTH DAY YEAR 16. HOUR 37 PM
- U4	Female 4 RACE C White 5. Date of Birth Month DAY OI 93 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS MIN.
	Naryland No. S. A. Naryland No. CITIZEN OF WHAT COUNTRY? NARRIED NEVER MARRIED WICOMICO W
970	Salisbury 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) RIVER WALK MANOR 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Supervisor V. A.
25 TO	USUAL RESIDENCE (IF NURSING HER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 13g. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13g. STREET ADDRESS / ZIP CODE 806 E. Grove St. 99499
MARYLA DE LANGE	William W. Guthrie Is Mother's Maiden NAME Virgie Ellts Virgie Ellts
MORE,	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 175 NO OR UNKNOWN) (16 YES, GIVE WAR OR DAIES) 175 NO OR UNKNOWN) (16 YES, GIVE WAR OR DAIES) 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 180 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS A
DS, 201 W, PRESTON ST pures that the death certif- signed by the ottending p has please sensors corbon, o busial, cremolian, or ren jury, or other traumatic and	Conditions, if ony, which gove rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF COLOR OF C
Na los para	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
PHYSICIAN T fernding abhasis the bursicity ment the bursicity ment and Maretal Hyp- ed or free 18 sh	710. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING COUNTY OF COUNT
ATTENDING hospitul or or RECTOR, Alles and for the sus ppt of Healths were 21 is mork	272 1 certify that (a) (this hospital) attended the deceased from saw the deceased alive an above, as (we) (did) (did not view the body after death. 272 SIGNATIPE: DEGREE 272 Location (we) (a) (did) (did not view the body after death.
HOSPITAL OF contred by the DENESTAL DE third be detect the best of the PORTARL II II	Thomas C. HILL IN Physician Director Physician 3/4/85 120 ADDRESS Pin'e Blaff Road, Salis BURY, Ma
199992	23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN CITY OR TOWN Delmar Sussex Del.
DHMH # 16 50M 4/83 (VRA 15, 4)	Marvel-Short Funeral Home Delmar. De. MAR 1 3 1985

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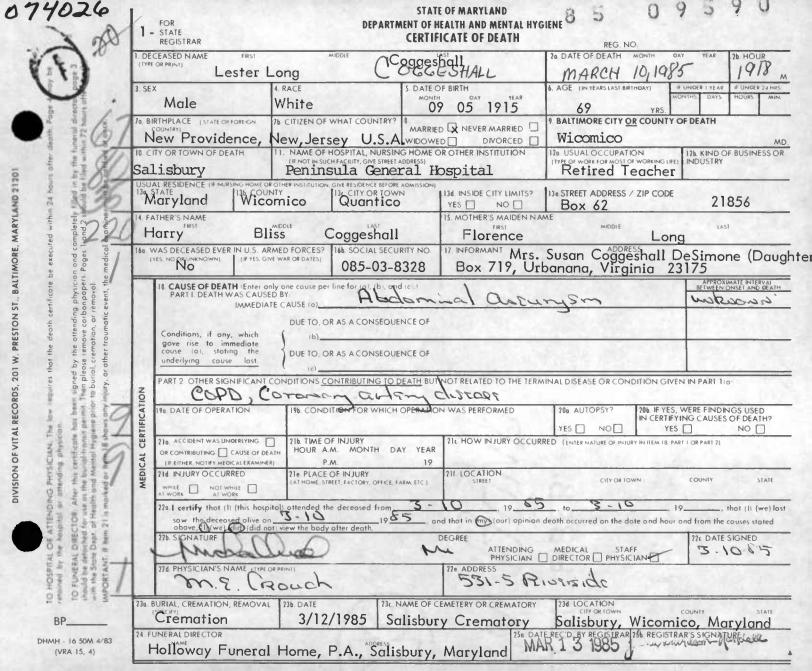
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100	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH								
7	1'	REGISTRAR		CERTIFICATE OF DEATH	REG. NO					
Aller .		CEASED NAME FIRST	MIDDLE	CARROLL	20. DATE OF DEATH		6. HOUR P			
		ERWIN		CAREY	3	11 1985	61WM			
(2 * 2	3. SE	X	RACE 1 d	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH		HOURS MIN.			
0.00	1	MIALE	while	TEB. 22, (918	61	YRS.				
P + P	70. B	IRTHPLACE (STATE OR FOREIGN) 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	-				
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To a softer	10.0	PITSVILLE	(IF NOT IN SOCH PACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	WORKING LIFE) IND USTRY	SSEV			
MARYLAND 2120 ed within 24 hours moresty filled by the control of	1/SL 1/7	AL RESIDENCE (IF NURSING HOME OR OT STATE 13b, COUNTY ANY AND WICO		VES NO P	303 DOV	Ly Rel. 2	1801			
MARYLA within	N. F	WALTER MI	CAME	4 IS. MOTHER'S MAIDEN NA	WE	1 TRUI	TT			
BALTIMORE, M. cate be executed ysician and compopers. Pages rvol. it, the medical	160	WAS DECEASED EVER IN U.S. ARMI	MAN PIT	1s. Ave	21850					
es that the death certifued by the attending phyloser remove corbon price, are more corbon price, or other traumatic even.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c)		MINAL DISEASE OR COND	ITION GIVEN IN PART Î (a)				
DIVISION OF VITAL RECORDS, 2 ING PHYSICIAN: The law require contending physician. After this certificate has been signs as the burial-transit permit. Then the hand Amental Hygiene prior to but and Amental Hygiene prior to busine or them 18 shows and injury.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	SS USED F DEATH?			
ON OF VITAL ON OF VITAL ding physicion is; cerificate h buriol-tronsis p Mental Hygies or item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR 19 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART LOR PART 2)				
DIVISION O or otherding I After this cert se as the burial cells and Menta	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE			
Do SoE		220.1 certify that (I) (this hospita	I) attended the deceased from_		, to		at (1) (we) last			
pt to		saw the deceased alive an abaye, (1) (we) (did) (did nat)	view the bady after death.	, and that in (my) (aur) opinion	death occurred on the dat	te and have and from the co	iuses stated			
OR OR POR		276. SIGN YOR NUMBO	m		MEDICAL STAF	3/13	185			
TO HOSPITAL reformed by th TO FUNERAL should be deter with the Store		22d. PHYSICIAN'S HAME ITYPE OR I	. GRASSO	12 m S.	Inom	St SAU!	s. MD.			
BP	230.	BURIAL, CREMATION, REMOVAL	3 13/1985 P	MAME OF COMPTERY OF CREMATORY	134 OGATION //	le Willomi	io md			
DHMH - 16 50M 4/83 (VRA 15, 4)	B	AKEM BOUNDS	SALISBURY	Md 21801 150. DA	R 1 8 1985	S REGISTO AR'S SIGNATUI	ndell.			





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4	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.					
eoth 3		CEASED NAME PIRST	ond R.	Clark		1985 1006 M		
ge 4 mg	3 SE	M	1. RACE	5. DATE OF BIRTH MONTH 7 1906	6. AGE (IN YEARS LAST BIRTHDAY) 78 YRS.	IF UNDER 1 YEAR IF UNDER 24 MRS.		
deoth.		COUNTRY) A.	76. CITIZEN OF WHAT COUNTRY?	WIDOWED A DIVORCED	P. BALTIMORE CITY <u>OR</u> COUNTY Wicomico	MD.		
by the fulled with	Sā	ty or town of death lisbury	Peninsula "Gener		12a USUAL OCCUPATION (TYPE OF WORKING LIF LADS PEP	17b. KIND OF BUSINESS OR INDUSTRY FARM		
in 24 hou y filled in should be er myst be		Ma wie	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136 CITY OR TOV	CO YES NO NO	13. STREET ADDRESS / ZIP CODE RT1 Box 312			
omplete with		LIHER'S NAME FIRST UN KNOW	MIDDLE LAST	15 MOTHER'S MAIDEN NA PIRST	Clark	LAST		
be execu		VAS DECEASED EVER IN U.S. AR	VE WAR OR DATES)	-1319 HELEN JE	FFress -SAlis.			
he death certificate be executed and control of the artending physician and control of the artending physician and control of removal.	MEDICAL CERTIFICATION	PART I DEATH WAS CAUSE	nly ane cause per line for (a), (b), a ED BY: TE CAUSE (a) CAZdio	Pilmonay and	et	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		Conditions, if ony, which	DUE TO, OR AS A CONSEOL	F Veun eule	i failure			
by the cose remo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	IENCE OF AveryDis	ease.			
he law requires the law requires the law speen signed it permit. Then ples tene prior to burio toows any injury, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART TO		
		196 DATE OF OPERATION		HOPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO		
NG PHYSICIAN The contending physicion viter this certificate has she buriol-transity than and Mental Hygier and Mental Mygier and M		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	DAY YEAR	RED [ENTER NATURE OF INJURY IN ITEM 18 I	PART OR FART ?}		
TAL OR ATTENDING PHYS by the hospital or attending RAL DIRECTOR. After this detached for use as the bu tate Dept of Health and Ma IT. If them 21 is marked or I		21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
		saw the deceased alive or bove, (I) (we) (did) (did no	ot) view the body ofter death.	, and that in (my) (aur) opinion	death accurred an the date and have			
		77h SIGNATURE OG	H.R. HEWA		- DIRECTOR - PHYSICIAN -	3//3/PS		
O HOSPITAL etoined by the stood by the stood by the trong by trong by the trong by tron		H. R. Hoel	9.		UNY. M.D 2	180).		
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DHMH - 16 50M 4/83 (VRA 15, 4)	24 F	Weellers	Casa Crist	LUMB 1250 DA	MAR 1 8 1985	Land down - Jande		

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	I DE	REGISTRAR CEASED NAME FIRST	WIDDLE	CERTIFICATE OF DEATH	REG. NO	D. MONTH DAY YEAR 26. HOUR
poge 3	(TYPE	ORPRINT) Albert	· 5.	COLLINS	MARCH	18,1985 0526m
4 moy	3. SEX		RACE	5. DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIR	HDAY) IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
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he lo an. has t per	TE				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
Sician. T ng physici certificate riol-trons them 18 s	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
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offend attent ter the s the t	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC		CITY OR TO	WN COUNTY STATE
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TTEN Portal for sof H		sow the deceased plive on obove, (# (we) (did) (did not	16 March 19	, and that in (my) () opinion	death accurred on the de	ste and hour and from the couses stated
OR ATT be hospital DIRECTO Sched fo Dept. of them 21		226 SIGNIATURE	221-	DEGREE		22¢ DATE SIGNED
		J- C.	/ fails	m. O. ATTENDING	MEDICAL STAF	IAN 3/.8/87
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7 - 0 - 0		James E	. Martin	M.D. 1300 5.	Division	St. Salisbury.
0 # 5 # ¥ ¥	23a F	URIAL, CREMATION, REMOVAL	236 DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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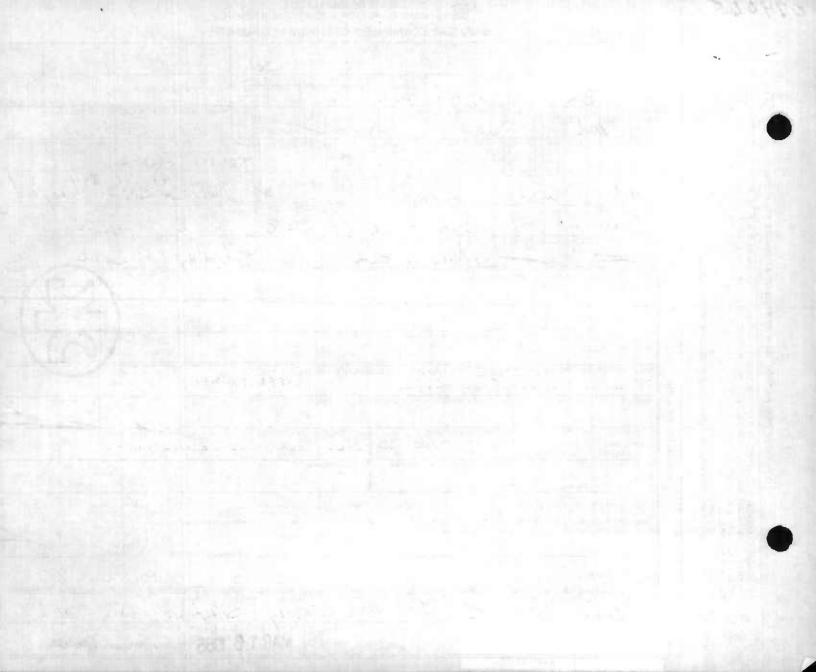
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		Female	Negro Oct	E OF BIRTH DAY 1935 RIED NEVER MARRIED	& AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IN UNDER 24 HRS WORTHS DAYS HOURS MIN.
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CTOR A for use of Neath		22a I certify that (I) (this hospital saw the deceased alive on obove, (I) (we) (did) (did not) v	3/23 10 85	and that in (my) (our) apinion d	, to	25, 19 5, that (I) (we) last ate and have and from the causes stated
by the host of the		276 SIGNATURE TO LA	2. Dan	DEGREE ATTENDING PHYSICIAN (MEDICAL STA	
the Same of the Sa						
BP	1	Dusial	3-30-85 Home	Denet Cem	23d LOCATION CITYOR TOWN	en Wor Mit.
OHMH - 16 60M 7/84 (VRA 15, 4)	-	INVERT DIRECTOR	A Potos Of	Work Va APR	REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE

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ESSAN ESSAN ESSAN PRESTON STREET		m Blk	July 27	10. 51	RS.	DATS HOURS	DEAD	3-7	19 85 P. M
SEST SEST		OREIGN COUNTRY)	76. CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MARR	IED . 9. BALTIMORE	CITY OR COUNTY	OF DEATH
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TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STARMORE, MARYLAND, 2	2	72a. I certify that I took char death resulted from: Note ACTUAL SIGNATURE	1		Autopsy	Homicide TITLE (SPECIFY)	Undetermined monner	ond in my opinio	3 - 9-85
MEDIC ECUTE TI GE 4 SH FUNER TER DEA		EXAMINER'S NAME (TYPE OR PRINT)	regory R.	Kauffman,			Penn St., Ba		21201
07/84 BP/081	23a. E	SURIAL, CREMATION, REMOVAL SPECIFY) BULLIN		23c. NAME OF CE	METERY OR (CHMETELY	23d. LOCATION CITY OF PWN HALPHE CAM	Lico.	Md. STATE
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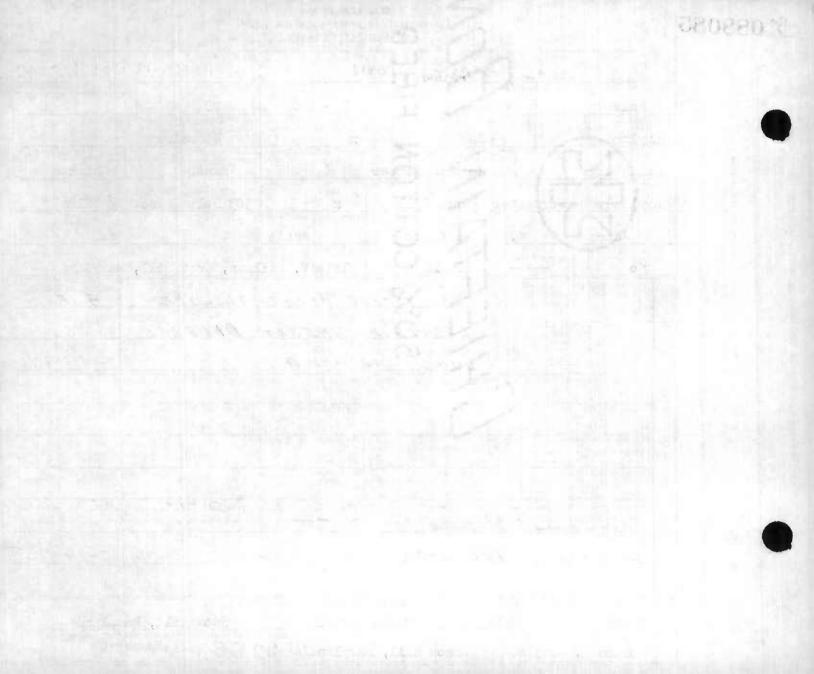
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH DECEASED NAME FIRST 26 HOUR TYPE OR PRINT 17,1985 Davis March Preston 1.55 AC 3. SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1 - 1906 78 White Male YRS TO BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Maryland Wicomico WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PGH Medical Center Salisbury Chicken Farmer SUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY 13a. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Snow Hill 303 Belt Street 21863 Maryland Worcester YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE K. Davis Tarr James Annie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO 220 12 1754 No Elsie V. Hillman, Snow Hill, Maryland 18 CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DNGESTIVE HEART FAILURE IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF HEART BASEASE IS.CHEMIA Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost 2 MONT CARCINOMA LUNG PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a. DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on 3 -/ 12 obove, +++ (we) (did) | did not) view the body after death and that in-terry opinion death occurred on the date and have and from the causes stated be detou 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN [MPORTANT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 3/20/85 Burial Spence Baptist Snow Hill. Maryland 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR SOCIAL DE 24 FUNERAL DIRECTOR Snow Hill, Maryland AR Norman F. Dennis

DHMH - 16 60M 7/84 (VRA 15. 4)

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STATE OF MARYLAND 074028 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN IX 2a. DATE (TYPE OR PRINT) OF ESTI-DAVIS Wilbur Ashworth 6. AGE (IN YEARS | IF UNDER 1 YR. 4. RACE 5 DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 0610 White Male 10 16 1909 Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED U.S.A. Richmond, Virginia Wicomico DIVORCED 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Analyst Oil Company Peninsula General Hospital Salisbury USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 13d. INSIDE (11Y LIMITS? | 13e. STREET ADDRESS | 7051 Riviera Drive Delaware Sussex 13c. CITY OR TOWN Lewes 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Estelle John Davis Carver 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Mrs. Evelyn Hobavis (Wife) No 223-09-3063 Same as #13e APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Peritonitis with Sepsis. due to DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Colon Perforation 2 weeks gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 2-27-85 AV malformations of colon YES NO.K 2) a EXTERNAL CAUSE WAS 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR P.M. 2-27-85 Laser treatment of AV malformations of CONTRIBUTING TO CAUSE OF DEATH 2) e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED colon. hospital WHILE AT WORK AT WORK Joseph's Hospital, Baltimore, Md. 22a I certify that I took charge, of the remains described above, held an Inspection X death resulted fram: ural causes Accident V Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE 3-11-85 Deputy MEDICAL EXAMINER Earl L. Royer. M.D. ADDRESS 409 Camden Ave., Salisbury, Md. 23d. LOCATION 730 BURIAL, CREMATION, REMOVAL 236. DATE 3/13/1985 Burial Forest Lawn Cemetery Richmond 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DRMH - 17 Holloway & Co., P.A., Salisbury, Md. (VR A15 ME (5)) 20M 4/82

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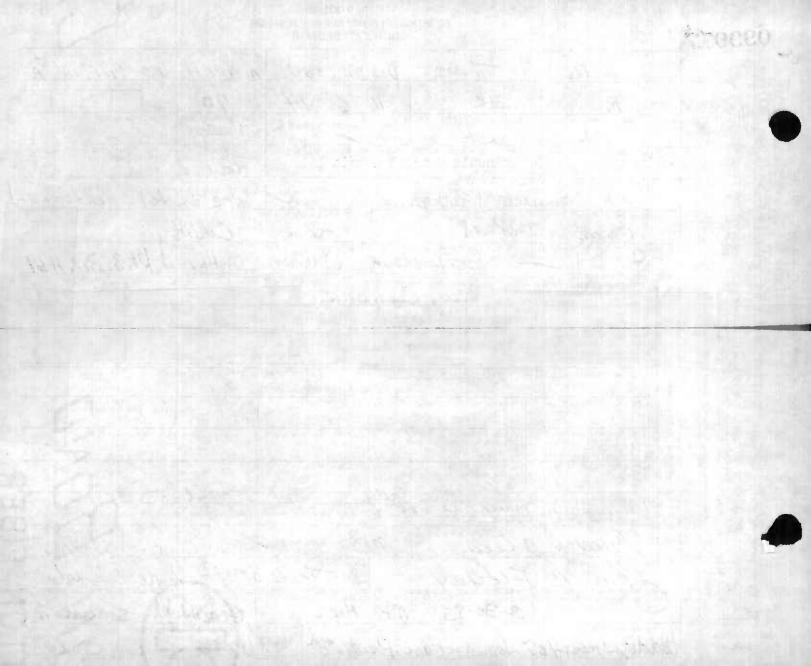
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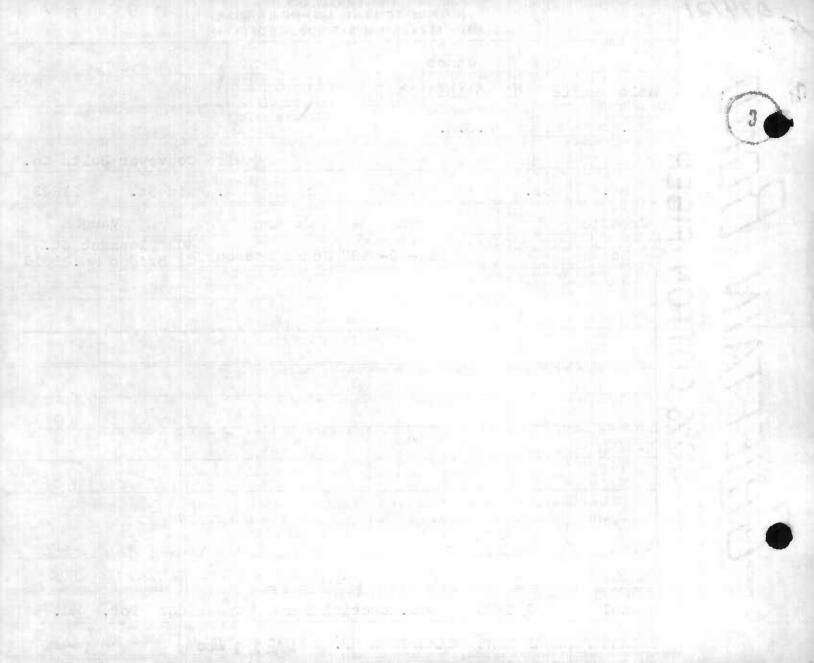
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17 : (S))	24 FL	burial INERAL DIRECT NAME THOMAS	OR FUNER	3/4/85 AL HOME	Dor.Mc				Camb	ridge STRAR 1256 R	Do:		Md STA	



+ 086137	STATE OF MARYLAND FOR STATE STATE REGISTRAR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
# m=	ECEASED NAME FIRST JOHN Cornelius Drewer Jr 20 DATE OF DEATH MONTH DAY YEAR 126 HOUR DE ORPRINT)
oge deot	
ter p	EX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH DAY YEAR MONTH DAY YEAR
age of the color o	Male White march 16-1923 61 YRS
	BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
He of the	Dinginia U.S.A. WIDOWED DIVORCED WICOMICO
ts ofter c	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PEN'INSUITAGE GENERAL HOSPITAL (TREE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Sea Lod
AND 21:	JAL RESIDENCE (IF NURSING YOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) STATE 134 COUNTY 136 CLY OR TOWN YES 10 NO 1 3742
MARYL ed withi ond 2 s	John Cornelius Drewer, S. Eura Kilmon
IMORE, e execut n and co Pages 1	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (145 NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 227-3:4-3278 Mrs. Juan L. Drewer - Soxie VR. 234
Tr., BALT Tricote b physicio npopers. moval.	18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY (MMEDIATE CAUSE (a), Lung Cancer
ON S The cert of	DUE TO, OR AS A CONSEQUENCE OF
PRESTOR The death The attend The attend	Conditions, if ony, which (b)
W. PRI	gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF underlying cause lost
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- or 5 dr 3	YES NO YES NO NO
> Z 5 0 0 0 1 8 1	210. ACCIDENT WAS UNDERLYING 715 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
0 0 5 5 5	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION
DIVISION NG PHYSI offer this can the burnth ond burnth orked or its	LAT HOME SIDEST SACTORY OFFICE EARLY STC.) STREET CITY OR TOWN COUNTY STATE
DING or of Affer os to olth o	AT WORK AT WORK
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ATT Ospin ECT of of of on of on one	above, (1) (we) (did) (did not view the body after deals). DEGREE DEGREE
the hall or the big the began the Dep	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTO
HOSPITAL ned by the FUNERAL of the det of the Store	220 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS S DIVISION ST
HOSPITA bined by C FUNERA could be de th the Story	DAVID F. COWALL, M.D. Solisbury 1MD 21801
CACADO	BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION
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(VRA 15, 4)	aupt temperanceville il 23 1 1095 1: 1. 1. 12. 1000

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CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH Esham TYPE OR PRINTS Grace B B Anna 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 24 1908 White 76 Female TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Dames Quarter, Maryland U.S.A. Wicomico WIDOWEDTK DIVORCED | 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Peninsula McGeneral Hospital CITY OR TOWN OF DEATH 12a USUAL OCCUPATION Salisbury Pressor USUAL RESIDENCE (IF NURSING OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13d INSIDE CITY LIMITS? Long Point Road Maryland Somerset Dames Quartersyes FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Crockett Nettie David 160' WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) 214-10-7391 18 CAUSE OF DEATH (Enter only one couse per line for ia), (b), and ic ... PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Monowan Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY II LOCATION CITY OR TOWN AT HOME STREET, FACTORY, OFFICE FARM ETC) NOT WHILE 22a 1 certify that (I) (this hospital) attended the deceased from 3/10 saw the deceased alive an 320 above, (I) (we) (did) (did not) view he body after death. (aur) apinian death accurred on the date and hour and from the causes stated SIGNATURE DEGREE MEDICAL FUNERAL I MPORTANT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY (SPECIFY)

3/23/1985

DHMH - 16 60M 7/B4 (VRA 15, 4)

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- STATE

24 FUNERAL DIRECTOR

Burial

Holloway Funeral Home, P.A., Salisbury, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE was bleydoon

85 O IF UNDER I YEAR IF UNDER 24 HRS HOURS

2b HOUR

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR YPE OF WORK FOR MOST OF WORKING LIFE Shirt Factory

21820

Shores

Charles William Esham (Son) 21801 1202 Lockwood Circle, Salisbury, Maryland

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 01

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T

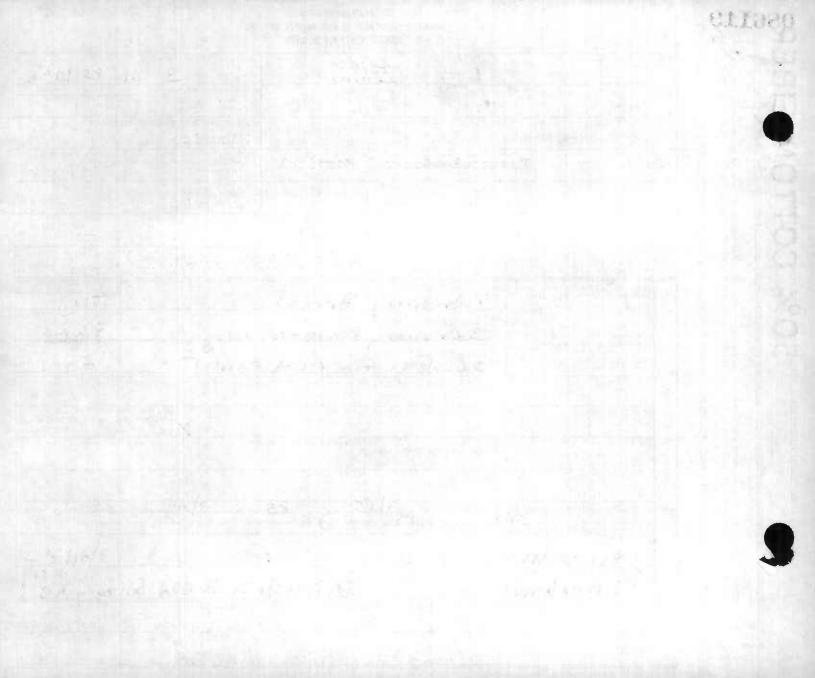
COUNTY STATE

22c. DATE SIGNED

PHYSICIAN DIRECTOR PHYSICIAN

Wicomico Memorial Park

Salisbury, Wicomico, Maryland



0833599

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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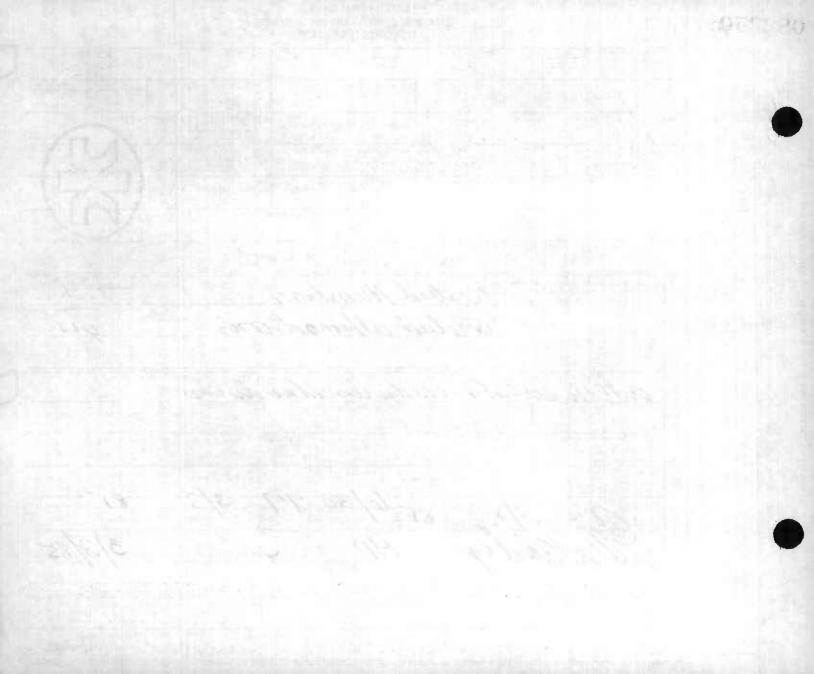
~ 1 william- Handell

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	gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)								
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	27s I certify that ill (this save the decembed also about the related and	nospital attended the		on that in	(my) (our) opinion de	, to	date and hou		hot (1) (we) lost couses stated
	274 SIGNASON	Medell	1	MA	ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN []	3/3	3/85
1	DR. EARL M	. BEARDSLE	Y	CIC:	DRESS LV AVE, AT	RT. 50,	SALISBU	JRY, MD.	. 21801
23a E	BURIAL, CREMATION, REMO			ME OF CEMETERY	OR CREMATORY	23d LOCATION	Wico	nico	
	Burial	3-5-19	85 Be	thel Chur	ch Cem.			, Md.218	350
124 FI	INFRAL DIRECTOR				250 DATE	REC'D BY REGISTRA	RISSN'REGIST	PAR'S SIGNATE	IDE

Hol Toway Funeral Home P.A., Salisbury, Md. 21801

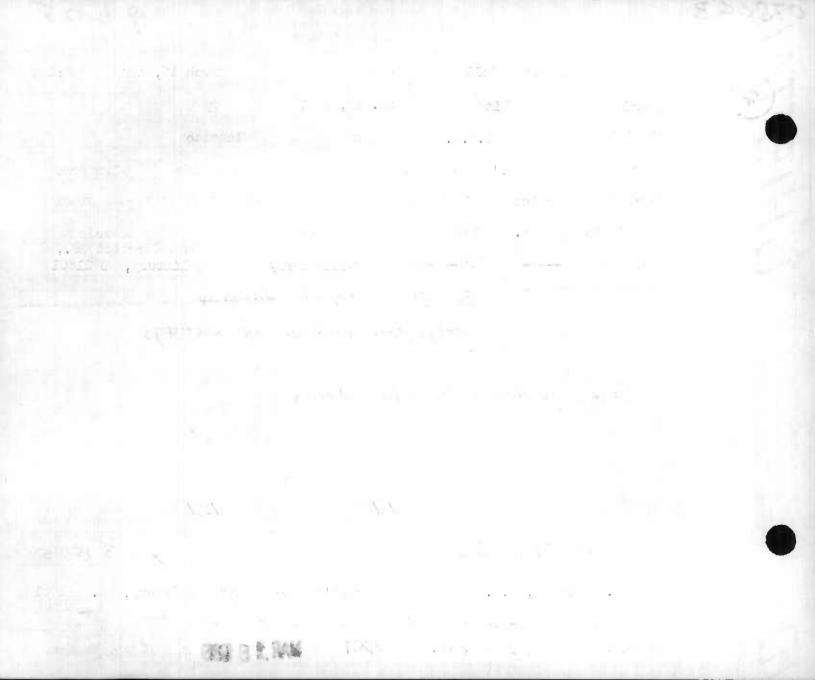
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TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept. at Health MAPORTANT: If them 21 is mark



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5 (S. F)		ASED NAME	Grace	L		FI	GGS	20. DATE OF DEATH	ECTI LA	3-28-85	1923 _M
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スプラ 三日 / 1	7a. BIRT	HPLACE (STATE OF		CITIZEN OF WH			□ NEVER MARRI	1 BAITIA		COUNTY OF DEATH	
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21201 ANY DI AND 31 RETAIN POULD	13a STA		13b COUNTY Wicom		RESIDENCE BEFORE ADMISSION DELMAR	13d	INSIDE CITY LIMITS?	13e STREET ADDR	State	8/18	75
RE, MD. 2 EATH. IF. PM 3. P	14. FATI	HER'S NAME	MI	DDIE	LAST	13.	MOTHER'S MAIDE	NAME	AIDDLE	LAST	
DEATH DEATH		rry Joh		- CONCESSO			Iva Ede	rington	ADDRESS		
BALTIMORE, MD. 2120) URS AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND WITH FORM: PAGES 1, AND 2 SHOUL DIVISION OF WITH RECO	No.	S DECEASED EVE NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	18-20-495			ryden Pr		Anne, l	1d.
ST., A LIB. M. D. W. E., D	1	PART I DEATH	VAS CAUSED BY	_	for (a), (b), and (c).)	cclus	ion			BETWEEN O	NATE INTERVAL NSET AND DEATH
		Canditians, if		DUE TO, OR	AS A CONSEQUENCE)F			5.		
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DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD."PENDING" IN P RDED TO THE CHIEF MEDICAL EXA E 3 SHOULD BE USED AS A BURIAL. E DEPARTMENT OF HEALTH AND M OI PRIOPT O BURIAL, CREMATION,	2 0	NDERLYING ONTRIBUTING	OR		MONTH DAY YEAR	21c HOW	INJURY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 PART		J NO (E)
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR! TO FUNERAL DISECTOR: PAGE AFTER DEATH WITH THE STATE BATTIMORE, MARYLAND, 2120	AS	22a I certily that death resulted Ira	//		ribed abave, held an Accident, Sui	Autopsy cide .	Inspection Hamicide TITLE (SPECIFY) Deputy	Undetermined m	anner .	DATE 3-20	- 85
AMEDIC GECUTE I GECUTE I GE 4 SP TER DEA	E: (T	XAMINER'S NAMI YPE OR PRINT)	Earl I	. Roye	er, M.D.	ADI	DRESS 409 (alisbur	r, Md.
BATPET	23a.BUR	IAL, CREMATION,		1-85	23t. NAME OF CEA			23d LOCATION CITY OR TOWN	1.7.4	COUNTY	STATE
BP	24 FUN	ERAL DIRECTOR				1111	25a. DATER	REC'D. BY REGISTRA	AR 256 REGISTR	COMICO N	
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STATE OF MARYLAND

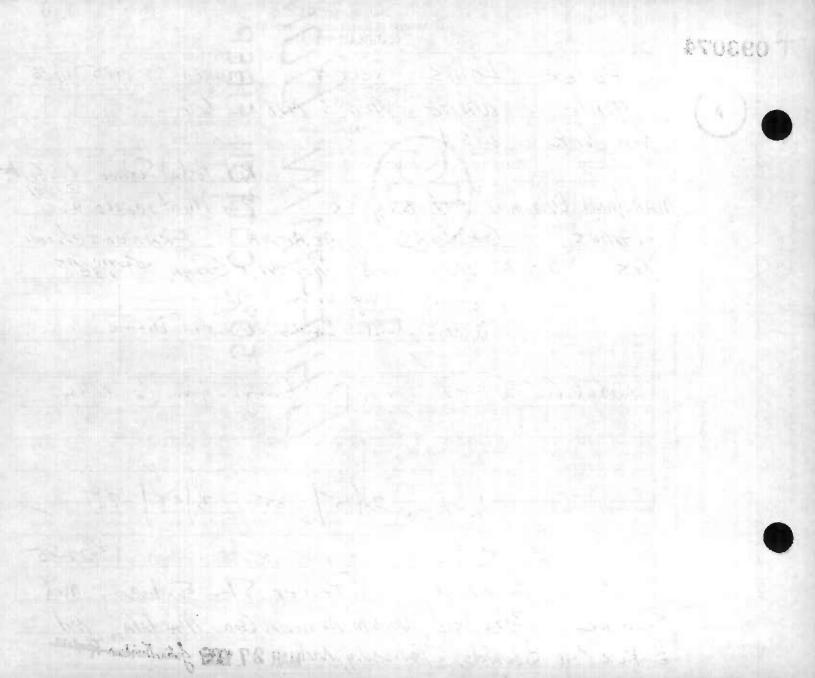
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3	1-	FOR STATE REGISTRAR	DEPA		HEALTH AND A		REG. NO	D.			
		CEASED NAME FIRST OR PRINTS HARLE	MIDDLE		ATAC	To	20. DATE OF DEATH	MONTH DAY	YEAR 2h	HOUR	
	3. SE		4 RACE	S. DATE	OF BIRTH	JR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNE	DERTYEAR IF	J J M F UNDER 24 HRS	
	w	1A/E	Black	MON	- 24-	1929	5.5	YRS	S DAYS H	HOURS MIN.	
3/		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	ED MEVER M	-	9 BALTIMORE CITY O		EATH		
(C)	100	ARY GANO	Cl. S. H	WIDOW	_	ORCED	Wicomico			MD.	
0	S	alisbury	Penimswia	enera.	l Hosp:	ital	120 USUAL OCCUPATE (14PE OF WORK FOR MOST OF LAGORE	WORKING LIFE) IN	N KIND OF B	BUSINESS OR	
1	130 3	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUP	13c. CITY OR I	NWO	134 INSIDE CI	TY LIMITS?	13e.STREET ADDRESS	ZIP CODE	al.	K Yeld	
0		THER'S NAME		bury		MAIDEN NAM		AN PIGE	2 04	115,000	
10)	HARLEY	MIDDLE GATES	Sn	Br	roksie	MIDDLE	-	Toho	4	
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL S	ECURITY NO.	17 INFORMA	VT /	ADDRE	SS		1 . 1	
€.		18. CAUSE OF DEATH (Enter only one couse per lige for io), (b), and ic.									
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7	IFICA	19a DATE OF OPERATION	19b. CONDITION FOR WE	TICH OPERATIO	ON WAS PERFOI	RMED	YES NON	IN CERTIFYING	CAUSES OF	DEATH?	
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		22a.1 certify that (I) (this hospi				our) apinian d	eath occurred on the do			ot (we) last uses stated	
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		224 PHYSICIAN S NAME HYPE C	R PRINT)		22e ADDRESS					. 0.	
		John A. Rout					ion Street	Salisb	ury, M	B 21801	
	230 B	SURIAL, CREMATION, REMOVAL			CEMETERY OR C		23d LOCATION	cou	MIA	STATE /	
		DURIAL	3-23-85	GREE	w Here		Sallisbuck		co.	Md	
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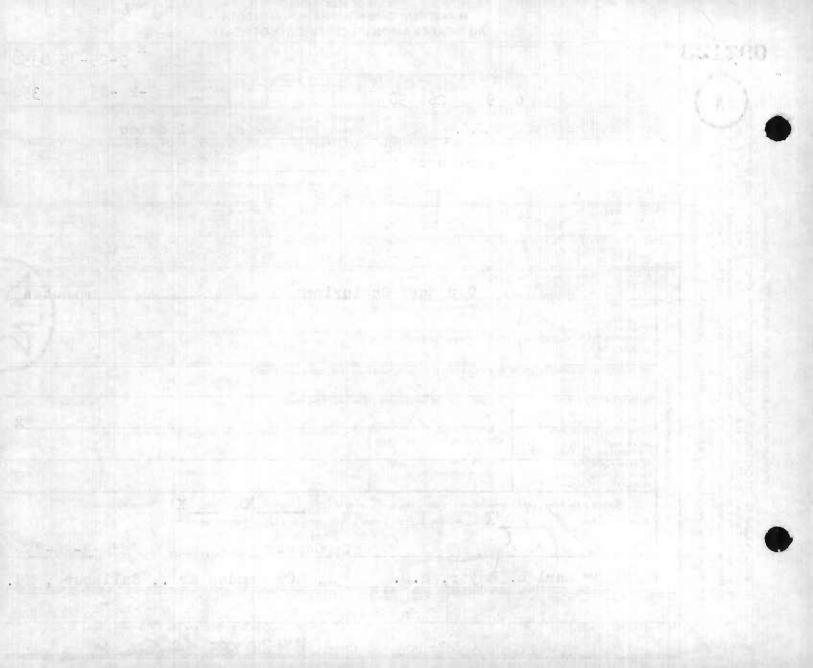
1080		FOR			STATE OF DEPARTMENT OF HEAL	MARYLAND TH AND MENTAL	HYGUENE 5	9609
A		STATE REGISTRAR		ME	DICAL EXAMINER'S	CERTIFICATE	KEO. 140	
Name of the kind		CEASED NAME E OR PRINT)	Tere	esa V	veronica Go	oldhammer	20. DATE KNOWN TO DEATH MATED	3-8-8510 0345
RECTO UR FLE 2 HOU N STREE	3 SEX	male		DATE OF BIRTH	1929 6. AGE (IN YEARS IF LAST BIRTHDAY) MO	UNDER TYR. IF UNDE	R 24 HRS. 2c. DATE PRONOUNCED DEAD 3	-8-85 19 0345
BRALD OR YOU MITHIN 7	7a. BI	RTHPLACE (ST	ATE OR 7b	CITIZEN OF WI	HAT COUNTRY? 8. MAI	RRIED NEVER MAR	RIED . P. BALTIMORE CITY O	OR COUNTY OF DEATH
100		endal TY OR TOWN	OF DEATH	NAME OF HOS	PITAL, NURSING HOME, OR O CILITY, GIVE STREET ADDRESS) 11a General I	owed Divor THER INSTITUTION Hospital	CCED Wicomi. 12a USUAL OCCUPATION [TYPE FOR MOST OF WORKING LIFE] housewife	
	IJa S	L RESIDENCE TATE Md	IF IN NURSING YOME OR O	THER INSTITUTION, GI	ve residence before admission) 13t. CITY OR TOWN Ocean City		130. STREET ADDRESS	Harbor Drive
2	Ing. V	THER'S NAME FIRST UNKNO VAS DECEASED ES, NO, OR UNKNO	OWN DEVER IN U.S. ARMER		Sheehan 166. SOCIAL SECURITY NO. 091-18-3494		eonard Golfffa	unknown
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PAGE 4 TO FUN AFTER DI BAHTIMO	23a.B	URIAL, CREMA	NAME Earl	DATE	23c. NAME OF CEMETERY	OR CREMATORY	Camden Ave.,	COUNTY STATE
DHMH - 17 VR A15 ME (5))		Crema JNERAL DIRECT NAME 110WA	TOR	3/9/85 1 Home	Salisbury ,P.A., Salis	25e. DAT	E REC'D. BY REGISTRAR 256 REGI	Wicomico, Mo

Tulon In Invices con I Lynn arms no bee -A COUNTY THE COURT OF THE COURT CHARLES TO CALL SOR THE STATE . It is a regular, required for the rest of the rest o

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BALTIMORE, MARYLAND 2120 cate be executed within 24 hours vysicion and complete filled in biopers. Pages Limit 2 then byot. nt, the medical exhaust contract.	13a S	TATE MY 13 COL		TOWN YES X NO .	13e.STREET ADDRESS ZIP CODE	21865
marying with		Winter Winter	MIDDLE GYZHAM	15. MOTHER'S MAIDEN N	MIDDLE	V/ox IAST
be exection on the medical	16a V	(AS DECEASED EVER IN U.S. A	IVE WAR OR DATES)	SECURITY NO. IV. INFORMANT 235B Mary E	The Sen la bei	1, Jamy
Q		PART I. DEATH WAS CAUS	only one couse per line for (a), (b) SED BY: ATE CAUSE (a)	Staph preum	ionia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TAL RECO	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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ATTENDI spitol or CTOR: A 1 for use of Heol	U	sow the deceased alive a obove, () (we) (did n	oital) attended the deceased for the control of the	19 65 , and that in (m) (our) opinion	n deoth accurred on the date and hou	19 65 , that (I) (we) lost ond from the couses stated
by the ho by the ho ERAL DIRE e detached State Depti	,	226. SIGNATURE COOL	Mondal		MEDICAL STAFF DIRECTOR PHYSICIAN	3-28-63
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DHMH - 16 50M 4/83 (VRA 15, 4)	24. FU	NERAL DIRECTOR MALE	soid, But	APR	TE RECY. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE

3411 TERRE THE GREAT Prate Wester Land THE REAL PROPERTY. All Merchan Transfer The second of April 2 don't all the factoring that I still the factoring the state of the st MARINE WILLIAM LANGE TOUR Six July 182 and Was and revised to the As Six Difference or THE BUILD BY HE OF HELDS COME TRUNKING SHE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME a. DATE KNOWN (TYPE OR PRINT) ESTI-Hilary Melvin Greene DEATH MATED 4 RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR 2d HOUR IF UNDER 24 HRS DATE DAY LAST BIRTHDAY PRONOUNCED White Male 6 26 58 YRS DEAD 9 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Quantico, Maryland U.S.A. Wicomico WIDOWED DIVORCED O. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Salesman Air Machine Salisbury Mardela Springs Route #1 13d INSIDE CITY LIMITS? Rivertor Maryland Wicomico NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Jackson Hilary Greene, Sr. Mildred Melvin Bruce Wayne Greene (Son)
819 Johnson Street, Salisbury, Maryland21801 16h. SOCIAL SECURITY NO. 17 INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 215-20-1522 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (0) Coronary Occlusion minutes DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 218 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK Inspection X 22a. I certify that I taak charge of the remains described above, held an and in my apinian TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BAUTIMORE, MARYLAN Vatural causes. Hamicide Undetermined manner TITLE (SPECIFY) Deputy 3-26-85 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Earl Royer, M.D. 409 Camden Ave., Salisbury, Md. 230 BURIAL CREMATION REMOVAL 236 DATE Burial 3/29/1985 Springhill Memory Gardens Hebron Wicomico Maryland 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Holloway Funeral Home, P.A., Salisbury, Maryland (VR A15 ME (5))



The state of the s TOWARD STANDARDS OF THE MERCHANDERS AND STREET MERCHANDERS THE PROPERTY OF THE PARTY OF TH CHIECOTH SEASON STATE TO AND THE CORPORED SELECTION OF THE

78/025	1.	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 5	0	9 6	1 3
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	3. SE	x emale	4. RACE White		S. DATE C	1 Dilli.	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	HOURS MIN.
leath. Po	Sa	RTHPLACE (STATE OR FOREIGN COUNTRY) lisbury, Maryla		S.A.	TRY? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY O	R COUNTY C)F DEATH	MD.
by the fulled with	S	alisbury	Penin	sula G	Seneral	Hospital	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEW	on F WORKING LIFE) ife	12b. KIND OF INDUSTRY	F BUSINESS OR
filled in hould be	13q	,	E OR OTHER INSTITUTION DUNTY COMICO	131 CITY OR Delm		13d. INSIDE CITY LIMITS? YES NO NO	130 STREET ADDRESS 506 East	Street	19940	12187
completely i and 2 s	0		Henry	Smith		IS. MOTHER'S MAIDEN NA Ida FIRST	Bell		Dusky	
be execu		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)		0-8140	Jay Avenue,	. Dorothy M. Salisbury, Mo	Dishar aryland	oon (D. 2180	gughter)
equires that the death cern in signed by the attending Then please remove carbo to bariol, remantion, or re injury, or other traumatic e	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last	(b)_ DUE TO, C	DR AS A CONSI	EQUENCE OF	NOT RELATED TO THE TERM		DITION GIVEN	N IN PART Tro	
The low riction. The hos bee has permit. Tiglene prior	CERTIFICATION	190. DATE OF OPERATION	19b. CONE	DITION FOR WE	HICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, VIN CERTIFY!	WERE FINDING CAUSES	IGS USED OF DEATH? NO
TENDING PHYSICIAN: ritol or ottending physicials (OR, After this certifica or use as the buriol-tro of the period of the this is morked or the 18	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF CHEET CAUSE OF CAUSE O	DEATH HOUR A	.M. MONTH .M. OF INJURY IREET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION SIREET 19 95 d that in (my) (aur) opinion	CITY OR 10	WN 19	COUNTY	state that (I) (pre) lost couses stated
HOSPITAL O		226. SIGNATURE M. B.	M Mar	ies,	MD	ATTENDING PHYSICIAN [MEDICAL STAF	DAN 🗌	3//2/	1/85
ВР		SURIAL, CREMATION, REMOVE Burial	<u> </u>			METERY OR CREMATORY Cemetery	23d LOCATION City or Town	ry, Wic	county comico,	Maryland
DHMH - 16 50M 4/83 (VRA 15, 4)		Holloway Funer	al Home,	P.A., So	alisbury,				Hidson-Ro	

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STATE OF MARYLA	ND
PEPARTMENT OF HEALTH AND M	ENTAL HYGIENE
CERTIFICATE OF DE	CATH

HARDWING.				KELP, TYL	A	
1. DECEASED NAME 1411	#doi:	7.00	SASI	78. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
The second secon	ice Edr	a Haz	e1		3-14-85	8:25A M
3. SEX	4. RACE		OF BIRTH	8. AGE INTENDLAST BIET	MONTH! DAY	
Female	White		21-1904	80	YRS	Thomas I was
70. BIRTHPLACE STATE DEFOREGING	Th CITIZEN OF WHA	T COUNTRY? &	BED NEVER MARRIED	1 BALTIMORE CITY O	COUNTY OF DEATH	120
Penna.	U. S. A	1099530	WED DIVORCED	WICOMICO	COUNTY	MD
III. CITY OR TOWN OF DEATH		PITAL, NURSING HOME	OR OTHER INSTITUTION	17a USUAL OCCUPATE	the state of the s	OF BUSINESS OR
Salisbury	/	r ammorato u	IOME	Housewin	COLUMN TO SERVICE DE LA COLUMN	
USUAL RESIDENCE OF HURSING HOME Use. STATE NUMBERS OF	OF OTHER PATITION, DIRE	RESPENCE REPORT ADMISSION CITY OR TOWN	\$134. INSIDE CITY LIMITS?	1134 STREET ADDRESS /		1999
Delaware Sus		elmar	YES DO NO	305 E. Je		9940
H. FATHER'S NAME	webout	LASI	IS MOTHER'S MAIDEN NA			ASI
Ralph Freeman		1491	N/A	- Madde	In the second	ASI
NO OF UNKNOWN	Charles and the charles of	SOCIAL SECURITY NO		ADDRE		10
No -	18	0-14-4326	D Richard F	. Hazel Sa	alisbury.	Md.
III: CAUSE OF DEATH (Enter	only one count per line		- 4			MANAGE BUTERVAL HANGET AND DEATH
PART I. DEATH WAS CAU	SED BY	where	arred		/	Um,
	DUE TO OR AS	A CRYSEQUENCE ON	141	11.		0
Conditions, if any, which	1 10/7	May Re	eleven new	I direca	9	no.
gave rise to immediate count (a), stating the	DUE TO OR AS	A CONSEQUENCE OF			/	477
underlying couse last.	10		212 (27) 32			
	CONDITIONS CONTR	HILIPING TO DEATH BE	IT NOT RELATED TO THE TERM	AINAL DISEASE OR CONF	STION GIVEN IN PART	ia.
190 DATE OF OPERATION	Winess,	1110es c	Mophaged	Varices		
196 DATE OF OPERATION	1% CONDITION	FOR WHICH OPERATI	ION WAS PERFORMED	20n AUTOPS17	18s IF YES, WERE FIND IN CERTIFYING CAUSE	
it i				YES O NOO	YES 🗆	NO 🗆
	Rend Committee C	MONTH DAY YEA	21L HOW INJURY OCCUR	RED ENTER WATURE OF HALLIE	THE PERSON NAMED IN COMPANY OF	
S CHEITHER HOTEY MEDICALTRAMI	(8) P.M.	19	The same transfer and the same			
THE ETHER HOTER MOTCH VEAMS	21st PLACE OF IN	AURY ACTORY OFFICE FARM ETC.)	TH LOCATION	CITY OF TOY	en county	DATE
AT HOME D NOT WHILE D			2/2 00	- 2/	1 00	
27s.1 certify though this ho		wased frame	11/100	10 3/1	1001	that (I) (we) fast
tow the single-copied tolde	mut) yard the body after	death	and that in (my) (our) opinion	death occurred on the do	te and hour and from th	e couses stoted
THE MONATURE	Kon. 1	1/1	DEGREE ATTENDING	WANEDUCAL STAF		E SIGNED
SHE PHONE LANDS PLANT I'M	xeese	ey/		MEDICAL STAF	IAND SI	14/81
The state of the s	COMMINTS	0	CTUTO AVE	AND DE SO	AT TODIDY	m. 2180
DR. EARL M.				AND RT.50, S	MLISDUKI, P	ID. 2100.
Zie Burial, CREMATION, REMOV.		The second second	CEMETERY OR CREMATORY	23d LOCATION	a Company	Day MAIN
Burial	3-17-85	Roxans	Cemetery	Frankior	d Sussex	ner.

DHMH - 16 60M 7/84 IVRA 15, 41

Marvel-Short Funeral Home Delmar, Del.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	o.		
	CEASED NAME FIRST		MIDDLE	t	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
	E OR PRINT) CARI	ele	Fields	Hic.	KMAN	Marc	h 22,	1985	1:57 PM
3 SE	X	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
F	emale	White		Se		82	YRS		
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE		9 BALTIMORE CITY O	R COUNTY C	F DEATH	
	USA Virginia	USA		WIDOWE	DIVORCED	Wicomico			MD.
17 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPATI		126 KIND O	F BUSINESS OR
	lisbury	Penins	sula Gener	al H	ospital	Seamstre	es	Shirt	Factory
	AL RESIDENCE (IF NURSING HOME C STATE 13b. COL		13c. CITY OR TOWN		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	9	9999
		comack	Parksley	У	YES NO			23421	
14. F.	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WIDDLE		LAS	
_		Rogers	Webb		Katheri	ne ADDRE	CC		ams
		RMED FORCES?	166 SOCIAL SECUE		17 INFORMANT		1510		Street
	No		224-14-8	3098	Mrs. Ruth	H. Hall p	ocomok	e City	Md.2185
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	TA FARCTION		EASE		
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	V IN PART TIC	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
100	71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.	PFINJURY M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED ILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	IRM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
1	saw the deceased alive cobove, (I) (me) (did) (that	in March	20 19 5	JAN , or	nd that in (my) (our) opinion			and from the	
	allew W.	Tustra	m. S	2		MEDICAL STAI	F IAN []	3/22	SIGNED 1/85
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		935	22e ADDRESS	2		01-	2.60)
	HILEN W. 1	USTIN			32 WESLEY	PR., DACISI	SURY,	1110	21801

DHMH - 16:50M 4/83 (VRA 15, 4)

236 DATE

3/25/85

236 BURIAL, CREMATION, REMOVAL

Parksley Cemetery Parksley, Va.

236 NAME OF CEMETERY OR CREMATORY

Parksley

Accomack

Va.

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		×		A2U eig	inaly 12
ees Shirt Factory	Seamstr				
23421		×	Parksley	^ccomac r	Viroisia
Adems	ine	Tatte?	dielb	ROOBES	v-45 805
	IISH .H	Hrs. Luth	224-14-8099		OM.
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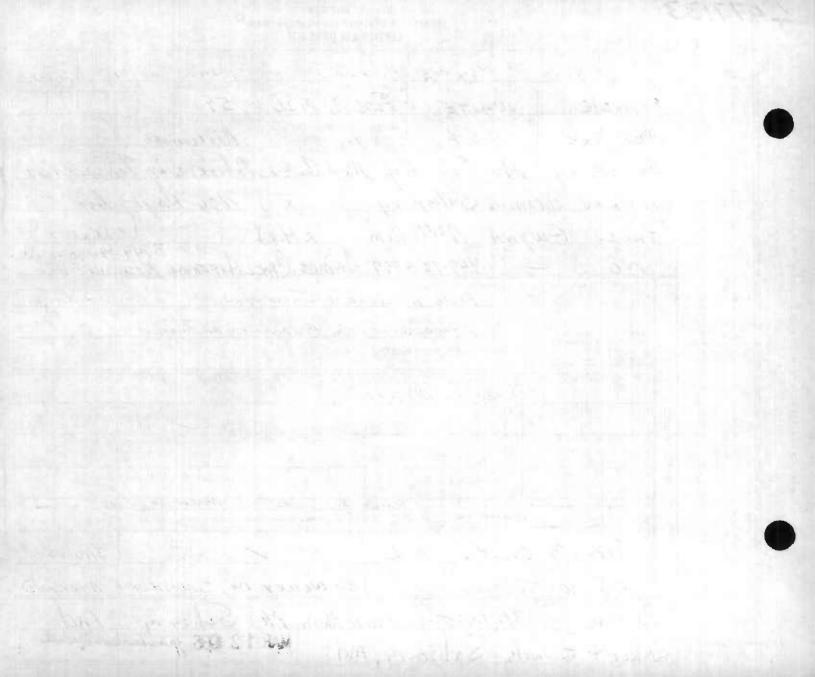
STATE OF MARYLAND

CEPTIFICATE OF DEATH

	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH CERTIFICATI	AND MENTAL HYG				
	I. DEC	CEASED NAME FIRST	WIDDLE	LAST		REG. NO	O. DAY	YE AR	2b HOUR
		Frances	Elwood	Hickn	1AN	MARCH	21,19	85	11 PM
	3. SEX	X AA I	4 RACE	5. DATE OF BIRTH	DAY YEAR	6 AGE (IN YEARS LAST BIR	IHDAY) IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
1		Male	White		-1903	81	YRS.		
3		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED N	DIVORCED	9. BALTIMORE CITY O		EATH	MD.
7	10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTH	ER INSTITUTION	120. USUAT OCCUPATION OF THE PROPERTY OF THE P		Ib. KIND OF	BUSINESS OR
1	Sal	lisbury	Peninsula Gene	eral Hospi	ital	Farme		Pho	duce
3	USU	AL RESIDENCE (IF NURSING HOME OF STATE 13 COUNTY)	NOTHER INSTITUTION GIVE RESIDENCE BEFORM 134. CITY OR TO	WN , 13d. IN	SIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	123	2918
1/	14 FA	Frank A.	Mickman		OTHER'S MAIDEN NAM	TIME FIRST	<	LAST	
3		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIV	1	URITY NO. 17 IN	elch Na	chman	Och r	Hall	, 12
		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), one DBY: RECAUSE (a) RESPI	RATORY	FAILL	IRE		APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
	1	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEON (b) DUE TO, OR AS A CONSEON (c)	MONIB				2 w	EEKS
	NO	PART 2 OTHER SIGNIFICANT O	FAILURE ?	AORTIC	STENOSIS		DITION GIVEN I	V PART Ito	
1	TIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS		20a AUTOPSY?	206. IF YES, WE IN CERTIFYING YES		
7	AL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		OW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I	OR PART 2)	
	MEDIC	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211_LC	OCATION STREET	CHY OR TO	wn	COUNTY	STATE
		22a.t certify that (I) (this haspensaw the deceased alive an	ital) attended the discound from	0 - /	in (my) (aur) apinion o	, to			hat (I) (we) last causes stated
		226. SIGNATURE	h. alm	M. J	ATTENDING PHYSICIAN	MEDICAL STAI	F	3/2	SIGNED LI/F)
1		GREGORY	N. THORPS	22e A	DDRESS 379	PGN STA	TION	SALIS	BURT, MC
		BURIAL, CREMATION, REMOVAL	10 21KYE 1	NAME OF CEMETER	RY OR CREMATORY	23d LOCATION Or Hypriown	es Acc	UNTY	L Co. Va
	24 EI	INIEDAL DIDECTOR	15.5	0 1/1	a Bhant ATA	ADEATO ACTOR CICTOAD	THE BEALETOAD	C.CITELATI	Dican

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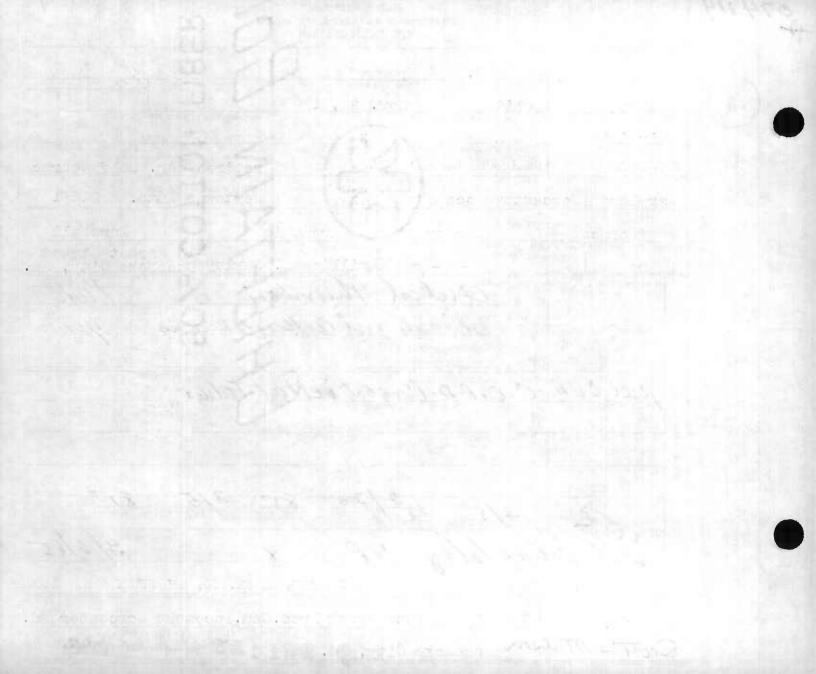
07713	3			STATE OF MARYLAND	8 5 0	901	0
	11.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYC	GIENE		
2/10		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
1 1 1 1		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOL	UR
200	,,,,,	RUTH	GUETIS	HOFFMAN	March 16,	1985 5:3	30 A
nay po	3. SE	(4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	
ge 4	1	Female	WHITE	FEB- 9, 1926	59 YRS		
Poor Should die	7a B	RTHPLACE (STATE OF FOREIGN	TO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
Jeath Jeath		New York	0,5.A.	WIDOWED DIVORCED	Willamied		
the fa	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSIN	IESS (
filed filed		DALISBURY	FEN GEN 14	of Med Center	HOWERTISING	CONSULTA	2
s har	130	AL RESIDENCE OF MISSES ON CA STATE	TY" I'S CHY ON TOW	13d INSIDE CITY LIMITS?	13 STREET ADDRESS / ZV COL	DE 18/5	1
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19/01/01	1	PIRST PIRST	MIDDLE 1 DASH /	IS. MOTHER'S MAIDEN IN A	WIDDLE	1 1 1 1 AST	1
Per Color	140.3	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECL	IRITY NO. 17 INFORMANT	ADDRESS ZO	10 On NOUN	1
exec onder	100		E WAR OR DATES	1600 - 1000 - 10	1/	ty reincetex	DA
9 1 7	-	700 -	777-16	7771 OHAMES CA	EL HOTEMAN NO	APPROXIMATE INTE	ERVAL
To the state of th		PART I. DEATH WAS CAUSE	ly one couse per line for 101, (b), on D BY.	dicity		BETWEEN ONSET AN	DDEA
Part Central		IMMEDIAT		YOCARDIAL JUFAR	C/740	a am	7:
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e de att		Conditions, if ony, which gove rise to immediate			THE COUNTY OF THE PARTY OF THE		
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require Then to b	NO		DIABETES ME				
beer mit. I	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED		ES, WERE FINDINGS USE	
Page be by	I					IFYING CAUSES OF DEA	
N: The state of th	GE C	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IS	PART (OR PART 2)	
KCIA Ph	N N	OR CONTRIBUTING CAUSE OF DEA	1110	19			
HYS of H	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY	STATE
affer the street of the street	2	AT WORK NOT WHILE	(ALTHORE STREET, FACTORY OFFICE,	ARM ETC J			
AP AF		22a.1 certify that (1) (this hospi	tol) ottended the deceased from_	March 8, 1985	to MARCH 10	. 19_55 , that (b)	
Pitol Torn of H		sow the deceased alive on obove, (I) (We) (did) (did no	MARCH 19 19	, and that in (my) (aux) opinion	death accurred on the date and ha	our and from the couses s	totec
has has ined hed ept tem		22b. SIGNATURE		DEGREE		22c. DATE SIGNED	
AL O AL D AL D detoc ate D ate D		allen W.	Justin, M		DIRECTOR PHYSICIAN	3/10/83	5
HOSPITAL med by t FUNERAL uld be det of the State		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e. ADDRESS			
0 0 = 0		Allen W.	TUSTIN	32 WESLEY	1 DR., SALISBU	IRY, MARYLA	an.
5 £ 5 ₹ ¥ ₹	230	BURIAL, CREMATION, REMOVAL	236 DAJE / 23c/	NAME OF CEMETERY OR CREMATORY	23d 19 ATTOM	COUNTY IS	STATE
BP		DURIAL	3/11/1985 W	Treemes Mem. PI	2. Stissing	[no].	
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	Libborer	25494	E REC'D BY ME BERAR ME MEGI	Endow Mariae	R.
(VRA 15, 4)	4	AKER & Bour	vels. SMISBE	ry Mg.	1 200		



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	1-	FOR STATE REGISTRAR		DEPARTA	CERTIFIC		MENTAL HYG DEATH	IENE S			
100109		CEASED NAME FIRST Dean	Ellis 4 RACE	3)	OCKS S. DATE OF				29,10	985 FUNDER I YEAR	26 HOUR 1649 M IF UNDER 24 HRS
i He	-	Male	White		MONTH	07 DAY	1937	47	YRS	DNIHS DAYS	HOURS MIN.
	Н	RTHPLACE (STATE OR FOREIGN COUNTRY) ebron, Maryland TY OR TOWN OF DEATH	76 CITIZEN OF WH		WIDOWED		MARRIED	9 BALTIMORE CITY O	CO	44	MD.
1 11 80	S	SALISBURY AL RESIDENCE (IF NURSING HOME OF	PENINS	JLA GEI	NERAL			120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O TR. Policen	WORKING LIFE	INDUSTRY	F BUSINESS OR City
Though the state of the state o	13a S	TATE 136 COU	omico	Salisbury	y	YES 🗌	NO TO SMAIDEN NAME	108 Johnso	zip code n Driv	e	21801
120/	14. FA	Wilmer	WIDDLE	Jackson	_	FI	FIRST	MIDDLE		Ellis	
n order Foger		VAS DECEASED EVER IN U.S. AR YES, NO OR UNXNOWN) (IF YES GIV	MED FORCES? 16	214-34-	5909	Same	as Mrs.	Barbara A.	Jackso	n (Wif	e)
that the death certificate d by the offending physical ease remove carbon paper ial, cremotion, or removal or other troumatic event, th		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stofing the underlying cause last.	DUE TO, OR A	e tarial, (b. and A KAC S. A CONSEQUE S. A CONSEQUE	ence of cal	nne	in		BETWEENS	MATERITEVAL	
4. The low require: ysicion. cote hos been signe onsit permit. Then p 'tygene prior to buu 8 short ony mjury.	CERTIFICATION	PART 2 OTHER SIGNIFICANT I	19b CONDITION	ON FOR WHICH	OPERATION	WAS PERF	ORMED	200 AUTOPSY? YES NO HED (ENTER NATURE OF INJUR	20b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	IGS USED
NG PHYSICIAN offending pla ther this certific os the buriol-tr th ond Mentol orked or ttem	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF		19 ARM ETC)	711 LOCAT	ION 1	CITY OR TO	51.10	COUNTY	STATE
on ATTENDI hospital or DIRECTOR: A ched for use Oept of Heal		27a I certify the (1) (this hosp saw the decease d give or above (1) Jwei (did) (this hos 27b. SIGNATURE	tal) attended the company Z	deceosed from 19 8				, to Mance	ite and hour	and Iram the	
TO HOSPITAL of retained by the TO FUNERAL IS should be detoo with the Store I we CORTANI. If		John G. Bulkele		siling	M.1	226 ADDRE	SS ,	MEDICAL STAF	IAN 🗌	21801	29.85
BP		SURIAL, CREMATION, REMOVAL SPECIFY: Burial JNERAL DIRECTOR	23b. DATE 4/1/19				CREMATORY norial Po	23d LOCATION CITY OF TOWN TO Salisbury EREC'D. BY REGISTRAR	y, Wicc	omico,	Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Md.

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50	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE S S	0 9 6 2 3
o se		EASED NAME RUFU.	S CLAY	S DATE OF BIRTH	MARCH 6 6. AGE (IN YEARS LAST BIRTHDAY)	1985 2050
1 35		MALC RTHPLACE (STATE OR FOREIGN OUNTRY) MAPYLAND	White TO CITIZEN OF WHAT COUNTRY U, S, A.	320 20 174 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO WICOMICO	м
South of the h	Sal	IY OR TOWN OF DEATH isbury i residence of nursing home or	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Peninsula Gene OTHER INSTITUTION, GIVE RESIDENCE BEFO	eral Hospital	120 USUAL OCCUPATION (14879 WORK FOR MOST OF WORK	KING LIFE LIDUSTRY ETERINARY
36	13a S	TATE 136 COUN		13d. INSIDE CITY LIMITS? YES NO 111 15. MOTHER'S MAIDEN NA		ANLANC 218
per comple	16a W	Benjamin I	ANDLE JOHNS TABLE TAB	CURITY NO. 17 INFORMANT	ADDRESS	HOLLOWA
it the death certificate be a yether actional physician of the carbon paper. For exemption, or removal ther traumatic event, the management of the complete the c		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEO	Failure DENCE OF PANCICA	Johnson	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 days
The law requires that can. I have been signed by six permit. Then pleas grene prior to burial, shows any injury, or or	CERTIFICATION	PART 2 OTHER SIGNIFICANT	PS POS (D DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 200.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YESNO
NG PHYSICIAN: attending physicians that this certifical as the burial-tran though among the purial Hy	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DELETIFIER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK ALWORK	HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	CITY OR TOWN	EM 18 PART I ORPART ?) COUNTY STATE
TAL OR ATTENDIN y the hospital or RAL DIRECTOR. A detoched for use total Director of Heal VI. If them 21 is my	1	saw the deceased alive an	ital) attended the deceased from	DEGREE ATTENDING PHYSICIAN	death occurred on the date of	19 tho (1) (we) losed hour and from the causes stated
TO HOSPIT. Tetoined by TO FUNER, should be d with the Sto	23a. B	URIAL, CREMATION, REMOVAL	23h DATE 1085 23	770 ADDRESS 540 Bluers NAME OF CEMETERY OF CREMATORY	the Dr #44 S	Entrabung md
DHMH - 16 50M 4/83	24 FL	INERAL DIRECTOR LBOX	12/1/1785 C	LUNY M. A. MAR	ITE REC'D. BY REGISTRAS TO R	VAYWIC · MO

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	FOR			DEPARTMI			ARYLAN AND ME		YGIENE	5		0 9	9 6	2	4
	STATE REGISTRAR		MEI	DICAL EX	AMINE	R'S CI	ERTIFIC	ATE O	F DEAT	TH	REG	NO.			
	CEASED NAME	VIRGIE	3/1	B.		JO	HNSO	N	2	OF DEATH	KNOWN ESTI- MATED	MON 3-	-7-85	YEAR 2	26. HOU 2330
3. SEX	emale Whit	5. DATE	OF BIRTH	YEAR 6.	AGE (IN YEARS LAST BIRTHDAY)		ER 1 YR.	IF UNDER 2		C. DATE RONOUN DEAD	4CED	MONT	-85	YEAR 10 2	28 HOU 2330
7a BIF	RTHPLACE (STATE OR REIGN COUNTRY)			AT COUNTR	Y? 8	MARRIE		ER MARRIE DIVORCE	D			Y OR COL		DEATH	
Se	IYORTOWN OF DEA alisbury	Per	ninsuch FAI	PITAL, NURSI CILITY, GIVE STREE 11a GE	enera.	L Ho			FOR MO	ALOCCUI OST OF WOR SeWif	KING LIFE)	TYPE OF WOR	RK 12b. KII OI	ND OF BURNDUST	JSINESS
13a ST	RESIDENCE (IF IN NUR	SINGHOME OR OTHER IN 134 COUNTY Worcest		130 CITY OF	RTOWN		3d. INSIDE CIT YES 🔀	Y LIMITS?	13e STREE	E. N	ss arti	n St.	. (2	1863)
1	William	WIODLE			ville		Drue	R'S MAIDEN	NAME	M	NODLE		Web	ster	
	AS DECEASED EVER (ES, NO. OR UNKNOWN)	N U.S. ARMED FOR (IF YES, GIVE WAR OR DA NONO			32-838		Marga	aret	J. Ha	11	Sam	ess e as	13 a	,b,c	,d,e
	PART I DEATH WA	AS CAUSED BY:	E (0) C	for (o), (b), a O PONA: AS A CONSE	ry Oc	clus	sion							PPROXIMAT WEEN ONSE	T AND DEATH
MEDICAL CERTIFICATION	Conditions, if or gave rise to couse (a) stafing lying cause last. PART 2 OTHER SIGNIFICANT	ny, which immediate the <u>under-</u>	(b) A:	rterio AS A CONSE	oscle QUENCE OF					cula	r D	isea	se	year	? S
FICATION	190 DATE OF OPERA	TION	96 CONDIT	TION FOR WH	IICH OPERAT	ION WA	SPERFORM	AED?	Vi -				-	AUTOPSY	? NO P Q
MEDICAL CERTIFICATION	210 EXTERNAL CAUS UNDERLYING CONTRIBUTING C	OR .	16. TIME OF HOUR A.M P.M	MONTH D	AY YEAR	21c HOV	W INJURY (OCCURRED) (ENTER NA	ATURE OF IN	JURY IN ITEA	A 18 PART 1 OF		163 [NO ES
MEDI	21d INJURY OCCURR WHILE NOT V			OF INJURY (FORY, FARM, ETC.)		21f LOC.	ATION REET			CITY OR TO	wN		COUNTY		STATE
W	220. I certify that I death resulted from	took charge af the r	parameter 1	cribed above, Accident	7	Autopsy de,	Hamicion TITLE (SP	ECIFY)	Undeter	Inquiry	anner	and in my], DA' SIG	H	-8-8	35
	EXAMINER'S NAME (TYPE OR PRINT)						DDKE33				ve.	, Sa	lisb	ury	, Md
(5)	JRIAL, CREMATION, RE PECUFY) Burial		1/85		Paul!		meter	У	Mar:	Lon		Some		Mď	TATE
	neral director name radshaw &	Sons.	ADDRESS	field	. Md.		2.	MAR		1985	R 256 R	egistrar Ward	S SIGNAT	ure	

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S 18160	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
The second		PAUL	Jones	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR 730 N
	3 SEX	MALC	4. RACE White S. DATE OF BIRTH CONTH ADAY 19874	6. AGE (INYEARS LAST BIRTHDAY) 70 YRS
deoth. Po	7a. BI	PAPYLAND	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH WICOMICO
s offer	5	ALIS BUNY	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120 USUAL OCCUPATION (1990 F WORK FOR MOST OF WORKING LIFE) HOUGTRY HIGH
n 24 hour	19	Ary/AND 13 COUNT	OMICO SALISOURY YES NO 1	130 STREET ADDRESS / ZIP CODE Pt8 Box 43
equires that the death certificate be executed within a signed by the attending physician and complete. Then please remove carbon papers. Pages to burial, cremation, or removal. Injury, or other traumatic event, the medical		Joseph	JONES IS MOTHER'S MAIDEN NAME AND STREET OF THE STREET OF	MAMMONO HAMMONO
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO DRUNKNOWN) (IF YES, GIVE WAR OR DATES) 2/2-10-8762 ALBENTAS. JONES See Sec 13 [18. CALISE OF DEATH (Enter only one cause per line for (a), (b), and (c.)			
	z	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a		
n. nos been permit. Ti ne prior t	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
PHYSICIAN: The ending physicion this certificate he build-tronsit ad Mental Hygier de Mental Hygier de Mental Hygier de Mental Hygier de 18 sho	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED	HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?) CITY OR TOWN COUNTY STATE
OR ATTENDING e hospital or oth DIRECTOR. After ched for use as the Dept. of Health or Hem 21 is marke	WE	WHILE NOT WHILE AT WORK 278 certify that (I) (this hosp	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STREET 19 85	CITY OR TOWN COUNTY STATE 19 , ta , 19 , that (I) (we) las
	,	sow the deceased alive or above. (1) (we (1)) Adid no 27). SIGNATURE	DEGREE ATTENDING	deoth accurred on the date and hour and from the causes stated 22C DATE SIGNED
TO HOSPITAL etipined by the TO FUNERAL should be deto with the Store IMPORTANT: M	22	224 PHYSICIAN'S NAME (TYPE OF	sel (crouch m) 531 Riv	DESSIDE SALISBURY, MD
ВР	L	BURIAL, CREMATION, REMOVAL	4/1/1985 Springhik Mem &	A HEODON WILLOMICO IN TERECT BY REGISTRAN'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	B	APEN +BOC	onds Satisfury, Md APP	R 0 2 1985 Julie Devilon Pendent

7 15 - 5 - 4 The start was a second of the start of the s

74155	1 -	FOR STATE REGISTRAR			DEPARTM	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 5	0	9 6	21
		EASED NAME	FIRST	۸	AIDDLE	1	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
(G)	SEX		Roger	RACE	L.	5 DATE C	DE RIRTH	MANCH 6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	G 23 & M
rs of pr	1	Male			hite	Sep	t. 16, 1919	75	YRS	NONTHS DAYS	HOURS MIN.
00 A	C	THPLACE (STATE OR FO		CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY Wicomico	OR COUNTY	OFDEATH	MD.
23 (2)		y or town of deat isbury	TH 1	I NAME OF PENINS	HOSPITAL, NURSIN H FACILITY, GIVE STREET A SULA Gene	ghomed address) ral H	or other institution ospital	120 USUAL OCCUPA (TYPE OF WORK FOR MOS' Ret. Far	OF WORKING LIFE		ing
25 El	30 S	RESIDENCE (IF NURSINATE	Suss	Y	GIVE RESIDENCE BEFORE 13c CITY OR FOW Seaford		13d INSIDE CITY-LIMITS? YES NO 🛣	Rt. 3, Be	x 287	99	1999
and 2 st		HER'S NAME FIRST enjamin Jo		DDLE	LAST	11015	Blanche Mar	MIDDLE	2 14	LAS	51
Poges 1	ba. W	AS DECEASED EVER II (S, NO OR UNKNOWN)	N U.S. ARM	ED FORCES? WAR OR DATES)	217-36-0		Madeline J.	ADD		ford, ritage	
ed by the ottending phy lease remove corbonpor rial, cremation, or remov or other traumatic event		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which ediate the lost.	DUE TO, OF	RAS A CONSEQUE CALTUM	NCE OF	Ti Hent the				
r. Then or to bury,	NO	Smen	- Chr	me Pr	ilmy de	2-0	NOT RELATED TO THE TERM	Ryonal of	x		
t permi	CERTIFICATION	9a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		, WERE FINDING CAUSES	
	_	210. ACCIDENT WAS UNDE OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	216 TIME O HOUR A.I	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF IN	PURY IN ITEM 18 PA	ART I OR PART 2)	
fier this os the bu	MEDICAL	21d INJURY OCCURRI		21e. PLACE (OF INJURY BET FACTORY OFFICE F	ARM ETC)	211 LOCATION STREET	CITY OR	own.	COUNTY	STATE
TOR: A for use of Heol		22a.1 certify that (1) (saw the decease above, (1) (we) (di	d olive on_	3	17 14	ET, or	nd that in (my) (our) opinion	deoth occurred on the			that II (we) lost couses stated
At DIRECtoched of Dept T: If them		22b. SIGNATURE	5	- p -	2 8	dw	DEGREE ATTENDING PHYSICIAN &	MEDICAL ST DIRECTOR ☐ PHYS	AFF KIAN	22c. DATE	SIGNED
TAN Ste		22d. PHYSICIAN'S NA	ME (TYPE OR F	PRINT)	The No.		22e ADDRESS				

DHMH - 16 50M 4/B3 (VRA 15, 4)

Burial

23a BURIAL, CREMATION, REMOVAL

(SPECHY)

Mar. 9,1985 Cokesburg Cemetery Cokesbury, Dorchester, Md.

Funeral Home, 210 N. Main St. MAR 08 1985 Supersistant and the state of the 74 FUNERAL DIRECTOR
NAME
Framptom-Hawkins Funeral Home, 216 N. Main St

Recent to the state of the stat

olaware staces Seaford III. 3, sex 267

Flanche Marthe

217-26-0379 Madeline ., Wheatley, 919 Horitan 2., ml.

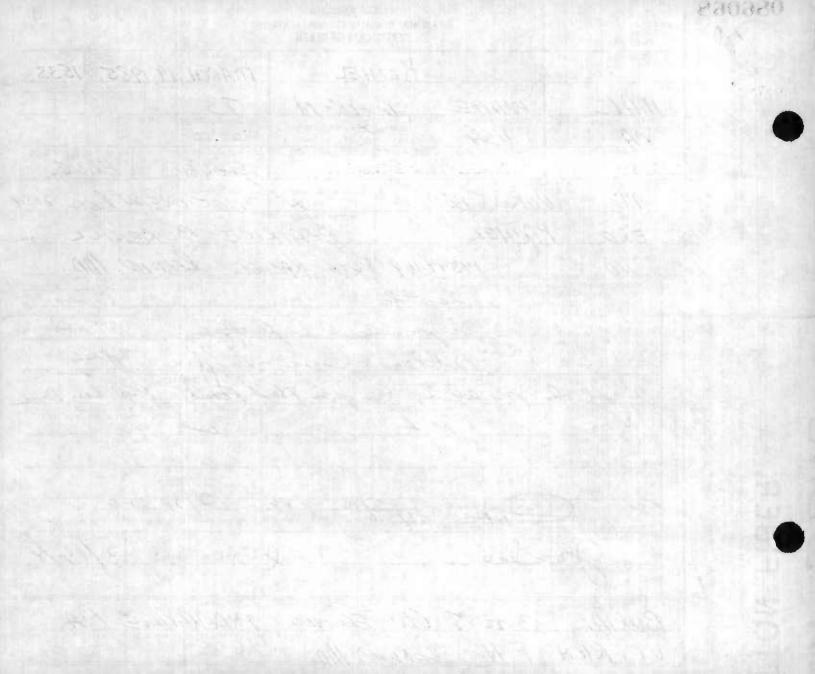
Sectord, 19923

. doxectorry, coronastor, ed.

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Processor and server and bear and the server of the St. W.

Senjanin Jones



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR			CERTITI	CAILOID	MIN		REG. N	0.			
I. DECEASED NAME FIRST		AIDDLE	ŁA	AST .		20 DATE OF	DEATH	MONIH	DAY YEAR	2b HC	UR
	Δ	KA	PPEN	DOBL	ER	Mc	urch	24,	1985	15	00 M
3. SEX	4 RACE		2.0			6. AGE (INY	anh an	THDAY}			-
Male	White		June	30	1900	-	84	YRS.	Mortins Ox	1 TIOURS	Miles.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIED	□ NEVER 44	ADDIED	9 BALTIMO	RE CITY C	R COUNT	Y OF DEATH		170
SEX MALE MALE White June S. DATE OF BRITH June J	MD										
O CITY OR TOWN OF DEATH				R OTHER INSTI	TUTION				126 KINE		NESS OR
Salisbury /				spital							nt
				124 INSIDE CIT	COTIAALLY	112 STORET	nnpess	/ 7IP COI	4	2/5	26
										Ocea	in Ci
A FATHER'S NAME	uiDD15	1467									
	WIDDLE	LAST			IRS1		WIDDLE			LASI	
		166 SOCIAL SECU	RITY NO.	17 INFORMAN	IT.		ADDRI	ESS			
	VE WAR OR DATES)	173-03-6	995	June K	emper	P.O. 1	box 2	19, 1	Lititz,	PA	1754
IN CAUSE OF DEATH (Enter o	nly one cause per	line far to the, and	dic						APPR	OXIMATE IN	ERVAL ND DE ATH
		Byn	uhd	Brum						- 1	
underlying cause last.	(c)_			NOT RELATED	TO THE TERM	IN AL DISEAS	E OR CON	DITION G	IVEN IN PART	10	
	throsit		Same	- Am	·	,					
190 DATE OF OPERATION	195 CONDI	TION FOR WHICH	OPERATION	WAS PERFOR	MED		1146	IN CERT	IFYING CAUS	ES OF DE	ATH?
210. ACCIDENT WAS UNDERLYING			V 45.5	21c HOW INJ	URY OCCURR	RED (ENTERNA		RY IN ITEM 18	PART I OR PART 2	?)	
OR CONTRIBUTING CAUSE OF DE	AIR			1000							
21d INJURY OCCURRED	21e PLACE	OF INJURY			N		CITY OF TO	WN	COUNTY	5 7 3 4	CTATE
WHILE NOT WHILE AT WORK	TAI HOME SIK	REEL PACTORY, OFFICE PA	NM, EIC)	JINCE							
	ital) attended the		3	118	. 19 53		3	23	19 85		
saw the deceased alive at above, (I) (we) (did) (did no	ot view the body		S. one	d that in (my) (our opinion	death occurre	d on the d	ate and ho	our and Irom t	he causes	stated
	1 -	10	C					1411	22c. DA	TE SIGNE	D
1	742	· Dulm	11						11024		
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS							
	23b DATE	23c N	IAME OF CE	EMETERY OR CI	REMATORY						-
	March	25.1985	Center	rville	Cem.			eld '		ancas	ter
4 FUNERAL DIRECTOR											P
Fred F. Groff, IN	IC. 234 V	V. Orange	St	Lancast	erAPR	0218	10. g	WALL AND	o folder - o l	- January	60

DHMH - 16 50M 4/83

BP.

TO FUNERAL DIRECTOR

should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to bu

morked or Item 18 shows on

IMPORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

(VRA 15, 4)

	STATE OF MA
FOR	DEPARTMENT OF HEALTH A

RYLAND ND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. I	40.				
20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
MARCH	6,1	985		0100	
A AGE CINIVEARCIACTE	IRTHDAY	IF LINE	DEP I VEAR	IE LINDER 24 H	ě

	(TYPE OR PRINT	Lucil	le C.		Keenan	MARCH	6,19	185	0	100	M
	3. SEX		4. RACE	5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER I		NDER 24 F	
	Fema	le	White	May	5, 1913 th	71	YRS.	WOWJHS 0	DATS HOL	JRS N	AIN.
,0		CE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	• • • • • • • • • • • • • • • • • • •	9. BALTIMORE CIT	Y OR COUNT	Y OF DEAT	Н		
1	Mary	land	U. S. A.	WIDOWI		Wicomico	5	\$1,25			MD.
1	Salish	- 4	Peninsul	a General H	ospital	Secret		Del Pow	OF BU	INESS 18	OR
	USUAL RESI 13a STATE	DENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RI	SIDENCE BEFORE ADMISSION)	136 INSIDE CITY LIMITS?	13e STREET ADDRES	SS / ZIP COD		20	20	2
2	Delay	vare Sus	sex 1	Delmar	YES NO	Delmar	Manor		177	Z	/
1	H FATHER'S	NAME			15. MOTHER'S MAIDEN NAM						
1	Jesse	R. Centw	MIDDLE	LAST	Lillian Ca	arev	E		LAST		
er i		CEASED EVER IN U.S. AR		OCIAL SECURITY NO.	17 INFORMANT		DRESS		-	_	
7	(YES NO C		E WAR OR DATES)								
	No		214	4-10-9188	Guy L. Kee	enan De	lmar,				
	II CA	USE OF DEATH (Enter or RT I. DEATH WAS CAUSE IMMEDIA	lly one couse per line fo D BY: TE CAUSE (a)	Cardio Cardio	ic asyst	de		BETV	PROXIMATE VEEN ONSET	AND DE	ATH
	Conc	litions, if ony, which	DUE TO, OR AS	CONSEQUENCE OF	shock -						
	cause	rise to immediate (a), stating the rlying cause last	DUE TO, OR AS	CONSEQUENCE OF	? Sebsis	HEN LES					
			(c)		, 50,515						
		2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GI	IVEN IN PAR	RT Ira		
_	0 (CIKKHOSIS	hiver	, Probaste	Mallghan	Cy, Ma	Phun	npor	1		
1	CERTIFICATION 13 10 10 10 10 10 10 10 10 10 10 10 10 10	ATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	YES NO	IN CERT	ES, WERE FI IFYING CAU (ES []	USES OF D		
1	00.00	CCIDENT WAS UNDERLYING [21c. HOW INJURY OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART T OR PAR	21 2)		
	2	THER NOTIFY MEDICAL EXAMINE	21e PLACE OF IN		211 LOCATION					-	
	WHILE AT WO!	NOT WHILE		CTORY OFFICE, FARM ETC.)	STREET	CITYO	PRIOWN	COUNT	TY .	STATE	E
	220 1	certify that (I) (this hosp	tal) attended the dec	eased from	120 1985	, to	7	. 19	that	(h (we)	last

23e BURIAL, CREMATION, REMOVAL Burial

sow the deceased alive on_ above, (1) (we) (did) (and the

23b. DATE 3-9-85 23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery

DEGREE

22e ADDRESS

ATTENDING

23d LOCATION
Allen

and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

DIRECTOR PHYSICIAN

MEDICAL

24 FUNERAL DIRECTOR

226. SIGNATURE

REGISTRAR 1 DECEASED NAME

Marvel-short Funeral Home Delmar, Del.

DHMH - 16 50M 4/83 (VRA 15, 4)

Wicomico Md. THE THE TENED TRANSFER STEELS SIGNATURE

STAFF

S-Marie And the contract of the contra A . a . it - Thatigans TORRE TORING X X MORE TO THE EAST TO A SHOW I SHOW I SHOW Lievanoo in assat yenes andillia 914-10-9150 cog L. Mannan 1019-0-, Loi. 5-0-85 of Allen Cametury Allen Libomico Malley .Leu .Truleu 5008 Immure Jane-Lavesh

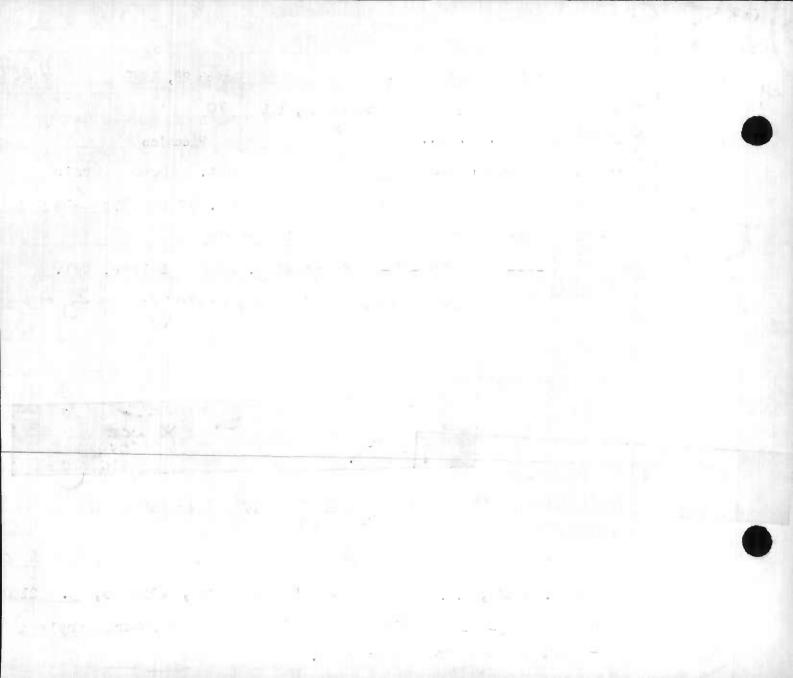
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	1 - s					DICAL EXAM				471	REG.	NO.			
P	DEC	EASED NAME	FIRST			WIDDLE		LAST		2a DATE OF	KNOWN	MON!	TH DAY	YEAR	2b. HOUI
	[TYPE	OR PRINT)	MAYN/	ARD	P	AUL	K	VICKMAN	·	DEATH	MATED	U 3-	3-8!		1225
P	SEX	4. RAC	E	5. DATE C	DE BIRTH	6 AGE (IN	YEARS IF UN		NDER 24 HRS.	2c. DATE	NCED	MONT		YEAR	2d HOUR
_	Pa.	1100	ite	Jan.		,1936 49				DEAD		3-3	-85	19	1225
4	FOR	THPLACE (STATE OR		7b. CITIZE	N OF WI	HAT COUNTRY?		IED A NEVER A				Y OR COL		DEATH	
4	ilit	aryland			JSA		WIDOV		VORCED	UAL OCCU		mico		IND OF BI	MD
7	0 CIT	Salisbu	-	HENOT	IN SUCH EA	PITAL, NURSING HO	5)		FOR	MOST OF WOR	RKING LIFE)		0	OR INDUST	RY
1	SUAI					VE RESIDENCE BEFORE ADM		HOSPIGE	L Ch	esane	eake	FIY	Wood	15/	1.11
1	3a ST	ryland	131 COUN	reste		Stockt	1	13d, INSIDE CITY LIM		oute	#12	, Во	x 23	35	04
2	A FA	HER'S NAME		MIDDLE		LAST		15 MOTHER'S A		E	AIDDLE			LAST	
Z		Charles				nickman		Bert					E	sbee	
2	60. W	AS DECEASED EVER	IN U.S. ARA	MED FORC	ES?	16b. SOCIAL SECU		Ina Je			ADDRI	ute.	12,	Box	235
1		no				212-34-	2386	Ina Je	an Kn	ickma	an S	tock		APPROXIMAT	•
		18 CAUSE OF DEA PART I DEATH V	TH (Enter on	ly one caus D BY:		for (a), (b), and (c).)	0007	naion					BET		T AND DEATH
6.00			IMMEDIA	TE CAUSE	(0)	AS A CONSEQUENCE		uston					£1.	IIIIU	703
WATION, OR REMOVAL.		Canditians, if	any, which		E TO, OR	AS A CONSEQUENT	L OF								
X X		gave rise to cause (a) stating	immediate	2 1	(b)	AS A CONSEQUENC							-		
		lying cause last		100	E TO, OR	AS A CONSEQUENC	E OF								
		PART 2 OTHER SIGNIFICAL	NT CONDITIONS	CONTRIBUTING	C) S TO DEATH	BUT NOT RELATED TO THE 1	ERMINAL DISEA	E OR CONDITION GIVE	N IN PART 1 (o).						
	20														
7	CERTIFICATION	190. DATE OF OPER	ATION	196	CONDI	TION FOR WHICH O	PERATION V	AS PERFORMED	?				20	AUTOPSY	?
4	Į.									4				YES 🗌	NOX.
7	CER	710 EXTERNAL CAL				FINJURY	AR 21c H	OW INJURY OCC	URRED LENTER	NATURE OF IN	IJURY IN ITEM	A 18 PART 1 OF	R PART 2)		- 1
2	MEDICAL	UNDERLYING UCONTRIBUTING	CAUSE OF I	DEATH	P.M	. 19								-	
	(ED)	214 INJURY OCCUP	RED			OF INJURY (AT HOME		CATION		CITY OR TO	WN		COUNTY		STATE
	2	WHILE NOT AT WORK	VORK												790
				ge of the re	mains des	scribed above, held a	n Autor	osy , Inst	pection X.	Inquiry	X.	and in my	y apınıan		
		death resulted from	-	ral causes		Accident .	Suicide	, Hamicide	. Unde	termined m	anner [].			
7			1-		-			TITLE (SPECI	FY)						
		ACTUAL SIGNATURE	1				^	Depu	ATY MEI	DICAL EXAM	MINER	DA	TE SNED 3	1-4-8	5
17		1/2	1		1.										
7		EXAMINER'S NAME	Earl	L.	Roye	er, M.D.		ADDRESS 40	19 Cam	den .	Ave.	, 58	alls	bury	, Mc
	23o. BL	RIAL, CREMATION,	REMOVAL	236 DATE		23c. NAME OF	CEMETERY C	OR CREMATORY	CiT	OCATION Y OR TOWN			COUNTY	S	TATE
	13	Burial		3/7	/85	Good S	hepa:	rd Ceme	tery	Ellic	cott	Cit		owar	
	24 10	MERAL DIRECTOR	Mel	ear	ADORESS			25a. C	DATE REC'D. B	Y REGISTRA	AR 25b R	EGISTRAR	SSIGNA	ATURE	
	Wa	tson & l	Melso	n, P	0001	moke, Md	•			0 1	1. K		Bund	200	4
R								BAAR	THE IS	4 BB-545	92. U. 1 8000	A 45	-		1

and a standard of well-source of

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MONTH OF ESTI-LAMBERTSON PRESTON 4: RACE & AGE (IN YEARS | IF UNDER 1 YR. 2c. DATE PRONOUNCED 5 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico arvland WIDOWED [DIVORCED IL CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE)
retired waterman General Hospital Salisbury COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Worcester NO TO 15. MOTHER'S MAIDEN NAME Melinda Ward Lambertson 7 INFORMANT 166. SOCIAL SECURITY NO 218-12-1912 Bernard J. Lambertson Stockton, Md 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: AS CAUSED BY:
| IMMEDIATE CAUSE (o) | Arteriosclerotic Cardiovascular Disease vears DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) Fracture of left hip. 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR Fell at home. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME ZII LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) 1, Box 159, Stockton, Worcester, Md. WHILE AT WORK own home Inspection X 220. I certify that I taak charge of the remains described above, held an Autapsy death resulted from: Natural couses Accident X Suicide Homicide Undetermined monner TITLE (SPECIFY) 3-22-85 Deputy MEDICAL EXAMINER SIGNATURE Earl L. Royer, M.D. Camden Ave., Salisbury, Md. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Buria. Goodwill Meth. Cem. Pocomoke Worcester 24 FUNERAL DIRECTOR **DHMH - 17** Melson, Pocomoke, Md. (VR A15 ME (5)) 20M 4/B2

STATE OF MARYLAND

Film G603 item 13e



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 093124 DECEASED NAME O. DATE KNOWN TE MONTH (TYPE OR PRINT) 635 MAJORS Rodney William DEATH MATED 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 2d HOUR 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS DATE 5 69RS PRONOUNCED 1635 Male White June 25, 1915 To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH Maryland MARRIED X NEVER MARRIED U. S. A. Wicomico WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Salisbury Peninsula General Hospital Ret. Farmer Grain 3e STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Wicomico Mardela No ox School House Road 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME Francis Majors Ida Beulah Majors 166 SOCIAL SECURITY NO 212-16-7650 Yes Lillian Majors Mardela. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Coronary Occlusion minutes DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Arteriosclerotic Cardiovascular Disease gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 2Tf. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN 220 I certify that I took chappe of the remains described above, held on death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL DATE 3-26-85 Deputy SIGNATUR MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 409 Camden Ave., Salisbury. Md. Earl L. Royer, M.D. 23¢ NAME OF CEMETERY OR CREMATOR 23d. LOCATION Burial 3-28-1985 Mardela Cemetery Mardela Wicomico Md. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 17 Marvel-Short, Delmar, De. (VR A15 ME (5)) 20M 4/B2

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at cornegt 2 acres

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9635

		REGISTRAR			CERTIN	ICAIL OI DEATH		REG. NO	0.			
		CEASED NAME FIRST		MIDDLE	ı	AST	20	DATE OF DEATH	MONTH (DAY YEAR	26 HOUR	R
1	TYPE	ORPRINT) Lillian	el	G.	Y	1 ARINER		(13 2	5 85	32	-
1	3 SEX		4 RACE		5. DATE C		6.	AGE LIN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER	24 HR5
	. 021	FEMALE	White		July		,	74	YRS.	NONTHS! DATS	HOURS	MIN.
Δ		RTHPLACE (STATE OF FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8		9	BALTIMORE CITY O		OF DEATH		
μ	D	elaware	U. S.	Α.	WIDOWE			Wicomico				MD.
7	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12	USUAL OCCUPATION	ON IF WORKING LIFE	12b, KIND C	F BUSINE	SS OR
/	S	alisbury	River			Jursing Ho	me	None None			a the	
7	USUA	AL RESIDENCE (# NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)							
	130 S		omico	Salisbu		AES K NO 1		orthwood		000	207	
4		THER'S NAME	ОШІСО	Dalisot	II. y	15. MOTHER'S MAIDEN	2.00-1	OF UNWOOD	Dri	ve 208	DOT	
1/		FIRST	MIDDLE	LAST		FIRST		MIDDLE		LAS	it .	
Ц		illiam Marin					ick	ards	The second		1 13	
	14	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	55			
	N	0		216-74-	-5298	Rachel L	ewe	rs Sali	sbur	v. Md.		
		18 CAUSE OF DEATH (Enter or	nly one couse per	line for to , (b), and	dicil			1		APPROX	MATE INTERV	VAL
		PART I. DEATH WAS CAUSE	D BY:	Carri	. 011	100	CA	trus		7	100.	
		IMMEDIA	TE CAUSE (a)	00000	1			,			- 40	7
			DUE TO, O	R AS A CONSEQUE	NCE OF	()					1	
		Conditions, if any, which gove rise to immediate	(b)_				-					
		cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF							
		underlying cause last	(c)					The State of the S				
	_	PART 2 OTHER SIGNIFICANT		7	EATH BUT	NOT RELATED TO THE TE	ERMINA	AL DISEASE OR CON	DITION GIV	EN IN PART 1	o	
	ō	Wichetes	Mulli	tus								
5	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	3.4	20a AUTOPSY?		WERE FINDI		
	I I							YES NO		YING CAUSES	NO T	1
	ER	216. ACCIDENT WAS UNDERLYING	7 21b. TIME C	F INJURY		216 HOW INJURY OCC	CURRED		RY IN ITEM IS P	ART I OR PART 2)		
		OR CONTRIBUTING CAUSE OF DE	ALIN .	M. MONTH DA		Little 1989				26		
٠	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES 21d INJURY OCCURRED	P. P. PLACE	M.	19	211 LOCATION				0		
	MEC	WHILE NOT WHILE		REET, FACTORY, OFFICE F	ARM ETC }	STREET		CITY OR TO	WN	COUNTY	51	TATE
		AT WORK			00-1			10.1				
8		220.1 certify that the (this haspi	11/1 /8 4	176	CA	13, 19	75	, to Melice	23	1985	thot	Tost
		saw the deceased alive an above, #1 (we) (did) (did ac			. 01	nd that in (met (aur) apini	nion dea	th accurred on the do	ate and hou	and from the	causes sta	ted
		22b. SIGNATURE		1		DEGREE			100	22c. DATE	SIGNED	/_
3		· Hisuas	0 1	till x		M. IDATTENDING	GNDD	MEDICAL STAF	FF IAN [3/2	:5/	85
		224 PHYSICIAN'S NAME (TYPE O	OR PRINT)	1		22e ADDRESS	1.	,		1		
		THOMAS	C. (4	iLL J	R	Pine Blu	1	Road,	salis	DURC	1. M	d,
		URIAL, CREMATION, REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR CREMATOR	RY	23d LOCATION				
	I	Burial	3-27-	-1985 Mi	11sh	oro Cemete	0.22	Millsbo	ro S	USSEX.	Del	TATE
		JNERAL DIRECTOR				25a I		EC'P. BY REGISTRAR			Handel	2
	Mg	arvel-Short 1	Funeral	HOME D	elme	r. De.	APR	1 1985	I sev	MINI AND AND AND		
				- mome p	TIMO	2, 200						

DHMH - 16 60M 7/84 (VRA 15, 4)

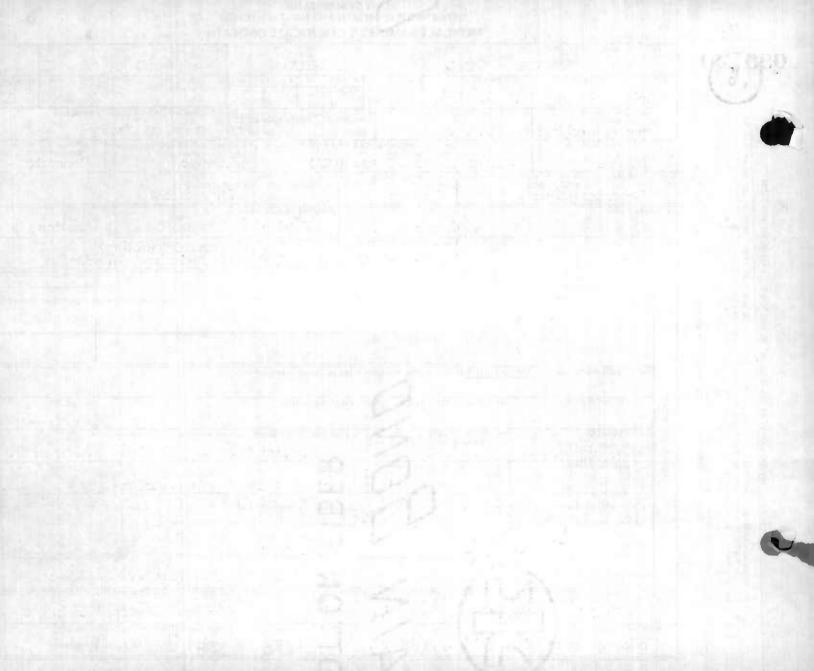
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	-	1. DECE.	ASED NAME	FIRST			WIDDLE			LAST				KNOWN	_	MINON	DAY	YEAR	2b. HOU
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(\$36	E CO	3 SEX	1	. RACE	5 DATE	OF BIRTH	YEAR	6 AGE (IN YEA		IDER TYR.	IF UNDER		2c. DAT	E	M	ОИТН	DAY	YEAR	2d HOU
12	12	M	ale	White	11	18	1959	25 YR	11107711	45 DAYS	HOURS	MIN.	PRONOU DE A			3	28	9 85	6:5
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SAS		Ya	cama,	Washingt		U.S.			WIDOW		DIVOR			comi,c			7		M
5 1	也是	1	OR TOWN C					RSING HOME TREET ADDRESS)			TION	FOR	MOST OF WO	RKING LIFE	TYPE OF	WORK 1	OR	D OF BU	RY
A SO	1800		lisbur					en. Hos	T ,	DOA)		L	.abore	er			Со	ncre	te
21201 ANY E	RETAIN	13a. STA		134 COUNTRY SUS	1TY	STITUTION, GI	13c. CITY	OR TOWN	171)	13d. INSIDE (NO [13e STE	tate	Stree	t	9	19	99	9
MD.	033004	14 FATE	HER'S NAME		WIDDLE			LAST		E	R'S MAID	ENNAMI		WIDDLE			14	ST	
	S Z Z C C		Carl				Mari				nirley							ettor	า
BALTIMORE S AFFR UEA GIVE PAGES	SIGN S	16a. W.A. (YES.	S DECEASED	EVER IN U.S. AR	MED FOR	CES?		9-64-80		17 INFORA	(Carl	Marus eet, F	hia	(Fat	her)	hine	79352	2
	DIVA	Ti		DEATH (Enter an	oly ane ca	use per line			-17	1110	DITCI	1 3116	201, 1	VICI II	iiiu,	Wus	APP	ROXIMATE	
PRESTON ST.,	SEE SEE		PARTIDEA	TH WAS CAUSE	D BY:		-	ectrocu	tion								BETWE	EN ONSET	AND DEATH
STOI NEED	A PER	7	72.	58	(D		AS A CON	ISEOUENCE C)F	- 31 17									
PRE CIL	AL ANS			s, if any, which		(b)													
¥ 0 8	KAMINE AL - TRAN MENTAL N, OR RE		lying caus	stating the <u>under</u> -) 0	UE TO, OR	AS A CON	ISEOUENCE C	F					41,31					5.0
S, 201 CUTED	SAL EX BURIA AND A ATION					(c)													
RECORDS, LD BE EXEC PENDING"	Z T Z		ART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTI	NG TO DEATH	BUT NOT RELA	TED TO THE TERMI	NAL DISEASI	OR CONDITION	N GIVEN IN PA	ART 1 to .							
L REC	USED AS USED AS OF HEALT RIAL, CRE	CERTIFICATION	a. DATE OF	OPERATION	1	9b. CONDI	TION FOR	WHICH OPER.	ATION W	AS PERFOR	MED?						20. AL	TOPSY?	
ATTA ORD ORD	H PER	TIFIC					132										YE	sX	NO 🗌
OF ATE	E DANG		NDERLYING	CAUSEWAS	2	IN TIME OF	F.INJURY MONTH	DAY YEAR		YAULNI WC								U.S.	
NO THE	5559	3 C		G CAUSE OF	DEATH	5:10·M	. 3-2	8- 19 85		m car	rying	g hos	e sti	cuck	hig	n te	ensi	on w	rire.
OIVIS RITIN	SDED F. 3.S	MED	VHILE X	NOT WHILE E	_	STREET, FAC	TORY, FARM, E	TCI	5	TREET			CITY OR TO			cour	YTY		STATE
THIS W.	PAG PAG 212	2 A	T WORK	AT WORK		const	ructi	on site	121	CYN	. & (Coast	al Hv	vy.,0				a h a x	Md
#5	の言葉を	5		that I taak charg				(TEXT)	Autop		Inspectio		Inquiry		and in	my Opi	if ce	ster	
NA NA	H H H		death resulter	d fram: Natur	ral causes		Accident	N, Sui	cide 🔲	, Hamic		Unde	termined m	nanner L	ا.				
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GGGGG	40 A	23a BUR	"IEV"	ION, REMOVAL				NAME OF CEN			ORY	23d. LC	Richla) 4	COUN	VAI	ST	ATE
777 BA	7	24 FIIN	Bui		4/3/	1985	30	nset Me	emor		25e DATE		Y REGISTR						ion
	MH - 17			y Funeral	Hon	ne. P	A. S	alisbury	. Ma			A.	400C	4			Rand		
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FOR - STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

- 1		CEASED NAME	FIRST	/	AIDDLE	t.	AST		2a. DATE OF DE	ATH MONTH	1 DAY	YEAR	2b. HO	UR
	(TYPE	OR PRINT)	Daniel	S	heppard	M	assey		March	13, 19	985			м
	3. SEX	(4. RACE		5. DATE C	F BIRTH		6 AGE (IN YEARS	LAST BIRTHDAY)		INDER I YEAR	IF UNDE	
Ç,		М	ale	Whit	te	May	31,	1920	64		rrs.		HOURS	MIN.
L.		RTHPLACE (STATE C	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	NEVEL	R MARRIED	9 BALTIMORE	CITY OR CO	UNTY OF	DEATH		
1		Maryland			SA	WIDOWE	D 🗆	DIVORCED		ico Co			-24	MD.
9		ivortownofd Mardela Sp		(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET A , BOX 138	ADDRESS)	OR OTHER IN	ISTITUTION	12a. USUAL OCC (TYPE OF WORK EO Machin	R MOST OF WORK	(ING LIFE)	126 KIND O INDUSTRY Tull F		
1		AL RESIDENCE IF NO					min of					011	101	
2		ryland	Wico	omico	Mardela		gres kik	NO [L, Box		41	10	
	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHE	R'S MAIDEN NA		NDDLE		LAS	T	
10		Edward	The	omas	Massey		Ber			Morris		LAID.		
-	16n W	VAS DECEASED EVE	R IN U.S. AF	MED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFOR	AANT		ADDRESS				
	17	(ES, NO OR UNKNOWN)		VE WAR OR DATES)	214-12-6	5286	Ethe	l Wright	t Massey	, Mard	ela :	Spring	-	
		Conditions, if or gove rise to i couse (o), sto underlying cou	IMMEDIA my, which mmediate ting the use lost.	DUE TO, O DUE TO, O (b) DUE TO, O	Acute My R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D	NCE OF				PR CONDITIO	N GIVEN	IN PART 16	0	
	N O	Recent	t myot	ardial i	nfarction	1								
9	CERTIFICATION	19a DATE OF OPER	RATION	196 COND	IT (ON FOR WHICH	OPERATIO	N WAS PER	FORMED	20a AUTOPS			VERE FINDING CAUSES		ATH?
1	MEDICAL CERT	21a ACCIDENT WAS LESS OR CONTRIBUTING [[IF EITHER NOTIFY MIN]	CAUSE OF DE	AIH	M. MONTH DA M.	AY YEAR	21c. HOW		RED (ENTER NATUR	E OF INJURY IN LT		LORPART?)		
	ME	WHILE NOT	WHILE		REET, FACTORY, OFFICE, F.	ARM. ETC.)	STR	EET	C	LIY OR TOWN		COUNTY		STATE
		22a I certify that sow the dece	osed olive pr		1/10	35 , 01	nd that in (m	y) (our) opinion	deoth occurred o	on the date or	, 19,		that (I)	
		THE SIGNATURE	John	a. E	llross	mD	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN		27c. DATE	SIGNED	>
		Joseph	A. Kerine	iott, M	.D.		22e ADDR	Laurel,	De. 19	956				
		2000 PAT												

23c NAME OF CEMETERY OR CREMATORY

Galestown Cem.

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

should be detach IMPORTANT: IF

Paynter M. Watson, Seaford, De.

23b. DATE

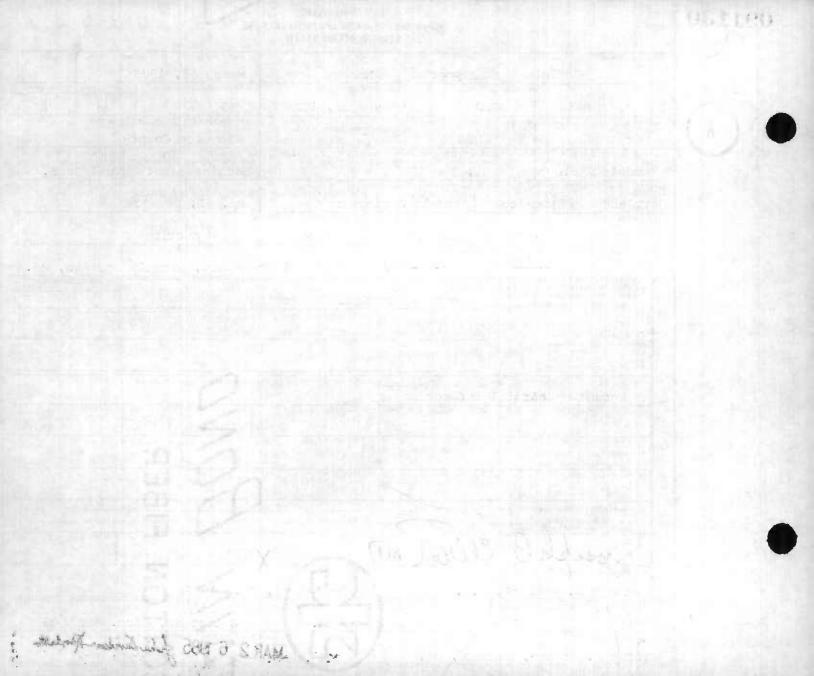
3/16/85

23a BURIAL, CREMATION, REMOVAL (SPECKY) Burial

24 FUNERAL DIRECTOR

23d LOCATION CITY OR TOWN

Galestown, Dorc. Maryland



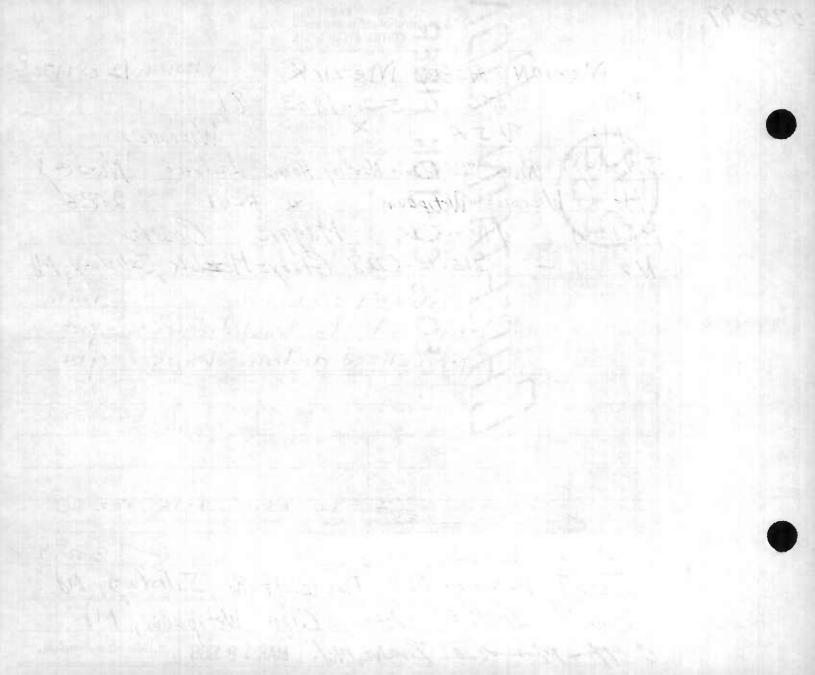
	FOR T = STATE				STAT MENT OF H EXAMINI	EALTH		NTALH		ప	0	9 6	3	8
198	REGISTRAR DECEASED NA/	Me FIRST		MIDDLE M.	LAAMIN		LHU IS		2a. D/		NO. NO.	NTH DAY	85	1625
575	SEX	4. RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEAR			HOURS	MIN PRON	OUNCED	3-25	-SE	Y YEAR	1625
- 12 Bd	Female INTERPLACE TOTAL GRACE	White (STATE OR	11 15	02	1TRY?		ED NEV	ED AA ADDII	9 BA	EAD LTIMORE CI			19 DEATH	1023
9	Pennsylv	,	USA			WIDOW	ED X	DIVORCE	D 🗆	Wico				MD.
	/Salis	bury	11. NAME OF HOS (IF NOT IN SUCH FAI Penins)	llity, GIVE S	Genera	1 H			FOR MOST OF School	CCUPATION F WORKING LIFE OF Teac			CIND OF BU OR INDUST ducati	RY
5	3a. STATE Maryland	1 136. COL	e or other institution, Gr JNTY aroline	13c. CITY	OR TOWN		13d INSIDE CIT YES X		Bern	ard Av	∕e.		2163	39
1	Willia	m	MIDDLE		lorgan			theri		MIDDLE		Jone	LAST ES	
4	(YES, NO, OR UNKI	ED EVER IN U.S. A	ARMED FORCES? IVE WAR OR DATES)		03 489		17 INFORM		elhuish	Roc		e, MC)	
IL, CREMATION, OR REMOVA	gave couse (lying co	ons, if ony, whi rise to immedia a) stoting the <u>under ause last</u> .	DUE TO, OR (b)	AS A COM	ple tr	F		GIVEN IN PAR	T 1 (a)				2 hou	
4	5	OF OPERATION	196. CONDIT	ION FOR	WHICH OPERA	TION W	AS PERFORM	AED?				20	AUTOPSY	NO X
	U	IAL CAUSE WAS IG OR TING CAUSE O	216. TIME OF HOUR A.M. F DEATH 1432.M.	MONTH	DAY SEAR				to in					
244	UNDERLYIN CONTRIBUTION TO THE CONTRIBUTION TO	OCCURRED NOT WHILE AT WORK	21e PLACE C	ORY FARM F			CATION TREET & FY	ankl	in St	., De	nton	COUNTY C	aroli	ne, Mo
7	WHILE AT WORK AT WORK INTERPORT INTERPORT IN STREET, FACTORY, FARM, ETC.) The I certify that I took charge of the remains described above, held an death resulted from: Title (SPECIFY) M.D. Deputy MEDICAL EXAMINER DATE 3-26-85 EXAMINER'S NAME Earl L. Royer, M.D. ADDRESS 409 Camden Ave., Salisbury, M.													
	(SPECIFY)	ATION, REMOVAL			NAME OF CEM				23d. LOCATIO	N		COUNTY	ST	ATE
	Burial 24 FUNERAL DIRE		3-29-85		reensb		25	o. DATE R	Green EC'D. BY REGIS	STRAR 256 R	REGISTRAR	CA PS SIGNA	TURE M	D
	Boulai	s Funer	ral Home,	Gre	ensbor	0,	Md.AF	R1	3005	Lille Do	widowa	Bud	00	1

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273	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL HY LICATE OF DEATH	REG. NO		9 6	3
D.		CEASED NAME FIR		3JQQIM		AST			DAY YEAR	26 HOUI
11				llan	_	ESSICK	MARCA		1915	IF LINDER
ffer p	3. SE.	X	4. RACE		5. DATE (DAY YEAR	6. AGE (IN YEARS LAST BIR	(HDAY)	AONTHS DAYS	HOURS
urs o	Wa	ale	White		Marc	h 20 1985		YRS.		7
merol di n.72 ho		RIHPLACE (STATE OR FOREIGE COUNTRY)		F WHAT COUNTRY?	MARRIE	D NEVER MARRIED X	Wicomico	R COUNTY	OF DEATH	
by the fu	Sa	lisbury	Penins	ula Gener	al Ho					OF BUSINE
filled in	130 S Ma	aryland Wo	COUNTY	13t. CITY OR TOV		134 INSIDE CITY LIMITS?	Rt.4	ZIP CODE	21	811
mplerely and 2 s	14 FA	FIRST	MIDDLE TO	LAST Megg	ick	FIRST	MIDDLE			
	16a V					17 INFORMANT		SS	11.0	Ser
ond ond	1		YES, GIVE WAR OR DATES)	None		Allen E	Maggial	D = 207	- n	
int. Then please remove co	ATION	gove rise to immedia cause (a), stating t underlying cause to PART 2 OTHER SIGNIFIC	DUE TO, (c)_ ANT CONDITIONS (CONTRIBUTING TO	DEATH BUT		minal disease or con	DITION GIV		
to hos b	TIFIC,				. O. EKATIC		YES NO	IN CERTIF	YING CAUSES	
g physic certificate riol-trans		OR CONTRIBUTING CAUSE	OF DEATH HOUR	A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
offending offending the but Michael or I was t	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	E OF INJURY STREET, FACTORY, OFFICE,	FARM ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	S
ok Attending		sow the deceased at	ive on3/	20 195	70	nd that I(m) (aur) opinion	MEDICAL STA	F.	and from the	couses sto
TO FUNERAL Should be deto with the State IMPORTANT: H	23a 1	BURIAL, CREMATION, REM	nues orang	130		PHYSICIAN 22e ADDRESS EMETERY OR CREMATORY	☐ DIRECTOR ☐ PHYSIC	IAN []	172	2) 83
BP	Maryland									
MH - 16 50M 4/83	24	(1 / la /	de ac	5 19195	-00			Z3B REGIST	HE AM	Che paradie

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078097	1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 9 6 4 0						
#	1 - STATE REGISTRAR MARION AS CERTIFICATE OF DEATH REG. NO.								
		DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH	A A COLOR						
(Bis	3. SE	SEX 14 RACE 15. DATE OF BIRTH 16 AGE (IN YEARS LAST BIRTHDAY)	W O LIND						
		Male White 5-21-7903 81	MONTHS DATS HOURS MIN.						
1 1 30		BIRTHPLACE (STATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED OF BALTIMORE CITY OR COUNTRY) WIDOWED DIVORCED OF BALTIMORE CITY OR COUNTRY)	114D MD.						
90		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Talisbury Reprints Give Inger Address) Talisbury Home Address Talisbury Home Address Talisbury Home Address	KING LIFE) 126 KIND OF BUSINESS OR INDUSTRY						
TOWN THE	13a	WAL RESIDENCE (IF NUMSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136 COUNTY 131 PLONTED 136. INSIDE CITY LIMITS? 138 STREET ADDRESS / ZIP WILCOMILO YES NOW	CODE 2/856						
WAR	0	FATHER'S NAME PILL STILL MIDDLE MESSILL IS MOTHER'S MAIDEN NAME MIDDLE MIDLLE MIDLLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MID	ch last						
be executed on ond control on one on one one one one one one one o		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 11 FORMATI ADDRESS 145 NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) \$15-12-672	SElisbay Mf						
ST., BAL retificate a physicis on poper emovol.		18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONTINUE OCCUPYIN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
deoth ce ottending ove corb		Conditions, if any, which (b) antenioscient to heard disease	uns						
W. PRI		gave rise to immediate cause (o), stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF CARLOS CLENISI.	S (VIS						
quires the grand to burion to burion injury, or	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION							
L RECOR	FICAT	198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 206. IN C.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?						
OF VITA CIAN: The physicio physicio politronsit atol Hygierm 18 sho	AL CERTI	216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY AM MONTH DAY YEAR							
DIVISION OF VITAL RECORDS ING PHYSICIAN: The law requirent this certificate has been signs the burnol-transit permit. There the and Mental Hygiene prior to borked or them 18 shows any injury.	MEDICAL	I F ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) AT WORK AT WORK AT WORK	COUNTY STATE						
3 o D	Y.	270.1 certify that (h (this haspitel attended the deceased from 2-2, 19 5, 10 2-12 saw the deceased flive an 3-12 19 5, and that h (my) four) opinion death accurred an the date an above (1) (ive) kijd) did not view the body after death.	, 19 65, tha (I) (we) last						
OR AITEN ne hospital DIRECTOR ached for up Dept of H		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF	22c. DATE SIGNED						
O HOSPITAL TO FUNERAL TO FUNERAL should be deta with the Store MAPORTANT: It		PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN DIRECTOR PHYSICIAN PHYSICIA	1/5-12-10						
TO HOS retoined TO FUN should be with the IMPORT	23a.	BURIAL, CREMATION, REMOVAL 236 DAJE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	36004/149						
BP		FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAN 250, RE	EGISPAR'S SIGNATURE						
DHMH - 16 60M 7/84 (VRA 15, 4)			ia Davidson-Randell						



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11.	STATE REGISTRAR		oti Aitti	CERTIF	ICATE OF	DEATH		REG. NO.						
	CEASED NAME FIRST		MIDDLE	Mc	mitesa		20 DATE OF D	DEATH M	D HINC	AY YEAR	26 HOUR			
11176	Agusti	.n	P.	m	ONTESA	>	March 2	MARC	H 23	1,1985	0924			
3. SE	3. SEX 4		RACE		S. DATE OF BIRTH 1897					IF UNDER 1 YEAR IF UNDER 24 HRS.				
	Male	Whi	White		5 5 \$898		86 87 YRS			ONTHS	HOURS MIN.			
			WHAT COUNTRY?	MARRIED NEVER MARRIED			BALTIMORE CITY OR COUNTY OF DEATH							
	Phillippines	Phi1	1ppines	WIDOWED DIVORCED			Wicomico County MD.							
_	TY OR TOWN OF DEATH		HOSPITAL, NURSIN				12a USUAL O				F BUSINESS OF			
Sa.	lisbury /	Penins	sula Gener	ral H	ospita.	1	Judg		YORKING I IFE	Cour	t			
	AL RESIDENCE (IF NURSING TOME		GIVE RESIDENCE BEFORE		113d. INSIDE (CITY I had ITCO	113e STREET AD	DDESS / T	ZIR CODE					
	Maryland Bal		Luther		YES	NO K				d Circ	le 21093			
14. FA	THER'S NAME	WIDDLE	LAST		15 MOTHER	S MAIDEN NA		MIDDIE		* 4 4				
1	Pedro	MIDDLE	Montesa		J	luana		WIDDIE		Mange	ba			
	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT	No. of the	ADDRES:						
1	No No	SIVE WAR OR DATES!	218-92-6	5441	Mrs.	Apolina	Montes	sa -	Same	as 13	2			
	18 CAUSE OF DEATH (Enter	line for yet, Do, one	ne for you, and ic i							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAU IMMEDI	ATE CAUSE (o)	(z 72,	200	ع ، در	070	sey							
		DUE TO, O	R AS A CONSEQUE	NCE OF		1								
	Conditions, if any, which (b) Verze								17-1-1					
	gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSTOLE	NCE-OF	7									
1	underlying couse lost	(c)_	1	200										
-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to													
CERTIFICATION														
O. A.	190 DATE OF OPERATION	196 COND	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216 TIME OF INJURY 226 HOW INJURY OF			ATION WAS PERFORMED		20a AUTOPSY? 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O						
# E							YES NO YES NO							
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110 4		DAY YEAR 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)										
CA	(IF EITHER NOTIFY MEDICAL EXAMIN		P.M. 19											
MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC)	211 LOCATI		CITY OR TOWN COUNTY			COUNTY	STATE			
1	AT WORK AT WORK			0	1			1		0				
	220 I certify that (I) (this has	pital) attended th	e receased from_	3	127	19 0	5 to	3/2	2	091	that (I) (we) las			

DHMH - 16 50M 4/83

(VRA 15, 4)

MPORTANT: If He

3/26/85 230 BURIAL, CREMATION, REMOVAL (SPECIFY) Buria1

276. SIGNATURE

sow the deceased alive on 3/22 above, (I) (we) (did) (did not) view the body after death

Ruck Towson Funeral Home Inc.

23c NAME OF CEMETERY OR CREMATORY Dulaney Valley

1050 York Rd.

DEGREE

22e ADDRESS

ATTENDING

E'LOCUST ST SALISBURY MD 21801

MEDICAL STAFF
DIRECTOR PHYSICIAN

minion death occurred on the date and have and from the causes stated

22c DATE SIGNED

3/22/25

21204 24 FUNERAL DIRECTOR

Cockeysville Balto. Md. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

- 1 112 - 18

Pittings X

Jack Chief

x - trundet .oo e out tel

nd example POCKO

1 - '' - 1/4, 1:3. politico cos - 3mn s 120

mri 1 /26/2 dia e 112 de 100 d

1. 1. Encl Tolson Funcrull Long Inc. 1000 Vorietts.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH DAY 25 HOUR 3-21-85 4:15 A. 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 MRS 14

unknown

MIIRPHY Caucasian

MIDDLE

08

1892

BALTIMORE CITY OR COUNTY OF DEATH

To BIRTHPLACE ISLATE OR FOREIGN COUNTRY Unknown

Anna

The CITIZEN OF WHAT COUNTRY? U.S.A.

MARRIED NEVER MARRIED WIDOWER

WICOMICO COUNTY 120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE

12b. KIND OF BUSINESS OR INDUSTRY

ID CITY OR TOWN OF DEATH SALTSBURY

SALISBURY NURSING HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Salisbury

13d INSIDE CITY LIMITS? YES XT 15. MOTHER'S MAIDEN NAME

Rt. 50 & CIVIC

Maryland 4 FATHER'S NAME Samuel

FOR

L DECEASED NAME

REGISTRAR

1 - STATE

(TYPE OR PRINT)

Female

130 STATE

3 SFX

MIDDLE

Wicomico

Ridings 166 SOCIAL SECURITY NO.

11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

Rydie 17 INFORMANT

MacGregor ADDRESS

160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO

LIF YES GIVE WAR OR DATES!

214-32-6432

Salisbury Nrsg Home, Salisbury, MD

MIDDLE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF CHRONIC Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse last CERTIFICATION

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

206. IF YES, WERE FINDINGS USED 200 AUTOPSY? NOF

IN CERTIFYING CAUSES OF DEATH? YES [] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH INFEITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

AT WORK AT WORK

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

Buria]

HOUR A.M. MONTH DAY YEAR PM The PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION STREET

COUNTY

STATE

22a I certify that (I) (this hospital) attended the deceased from sow the deceased ofive on obove, (1) (we) (did) (did not) view the body ofter death 27% SIGNATUR

DEGREE

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

DR. WILLIAM ROBINS

CIVIC AVE, AT RT. 50, SALISBURY, MD. 23c NAME OF CEMETERY OR CREMATORY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

STATE

21801

MD

DHMH - 16 60M 7/84 (VRA 15, 4)

00

MPORTANT:

MEDICAL

St. Pauls Churchyard Berlin 24. FUNERAL DIRECTOR

236. DATE

Burbage Funeral Home

Worcester 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

108 Williams St., Berlin

C. Pidines Tydie Famile 3

of v-co-cass salisions and sense; Salisbury, ID

1/14/81 2t. Nawle Churchyand Porlin Horoceter 1D de June 101 Milliam St., Morlin, we

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

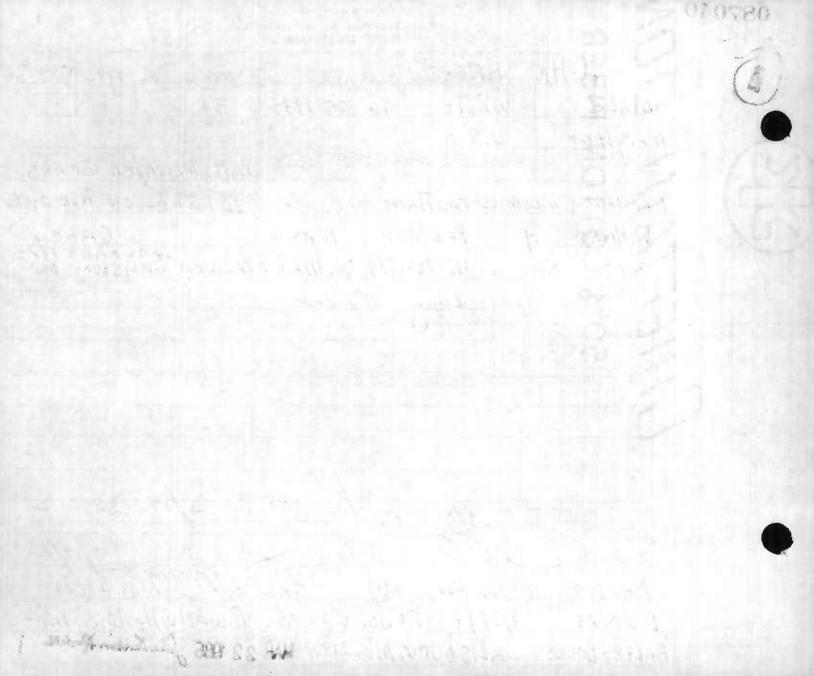
CERTIFICATE OF DEATH

REG. NO

FOR

- STATE

REGISTRAR

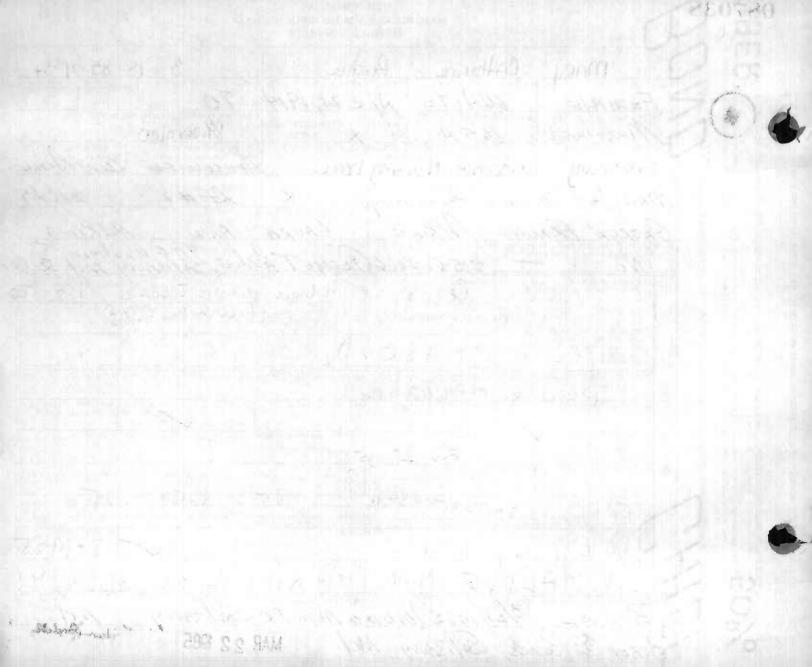


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9	1. DECEAS	ED NAME	FIRST TO A BIRT	דם קו	CHARDSON	T TO	ATTERSON	20 DATE KNOW	NN N WONTH		2b. HOUR
PLEASE RECTOR. R FILES. HOURS STREET,	3 SEX	4 RA	JO ANN	5. DATE OF BIRTH	6. AGE (IN		DER 1 YR. TIF UNDER	DEATH MATE	MONTH	3-85, (0430 _M
PY, PU DIRECT DIRECT TO STR	Fem		Thite	2 26	YEAR LAST BIRTI			MIN. PRONOUNCED DEAD	3-3-6	_	0430 4
MINERAL VIOLET	FOREIGN	PLACE (STATE OF COUNTRY)	R	76. CITIZEN OF WH		8 MARR	IED NEVER MARR		CITY OR COUN	TY OF DEATH	MD.
PAGE PAGE	In City o	rtown of b lisbur	. A	11. NAME OF HOSE (IF NOT IN SUCH FACE 66 BC	PITAL, NURSING HOLE INTERIOR OF THE PROPERTY O	rive	BER INSTITUTION	12a USUAL OCCUPATIO FOR MOST OF WORKING LII Receptioni	PE)	Columbia Columbia Seafo	RIISINESS
ANY DAY DAY DAY DAY DAY DAY DAY DAY DAY DA	13e STATE	Md.	NURSING HOME O 13b. COUNT Wico	TY	E RESIDENCE BEFORE ADMI 130. CITY OR TOWN Salisby	4	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 66 Bonh	ill Dr	ive	80)
BALTIMORE, MD. 21201 SAPER BEATH CANY GIVE PAGES 1, 2, AND FAGES 1, ND 781-014 MISION ON WASHINGTON		r's NAME Jeff			Richardson		15 MOTHER'S MAIDI	West		ar d san	
ALTIMO ATTER SIVE PA TH FORD MGES I	160. WAS	DECEASED EVE		MED FORCES? WAR OR DATES)	215-28-451		Phillip F Salisbury,	atterson-66 B Maryland 218	orhill Dr		
AL RECORDS, 201 W. PRESTON ST., UID BE EXECUTED WITHIN 24 HOUIT "PENDING" IN PENCIL IN ITEM 14 FE MEDICAL EXAMINER ALONG SED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE HEALTH AND MENTAL HYGIENE AL, CREMATION, OR REMOVAL.		Conditions, if gove rise to cause (a) statisticallying couse to	ony, which immediate ng the underst.	(b)	AS A CONSEQUENC	E OF		with left l carcinom		yes	
SHOULD B YORD "PEN CHIEF ME BE USED AS	RTIFICATIO	DATE OF OPE		19b. CONDIT	ION FOR WHICH OP	134				20 AUTOPS	
DIVISION OF VITAL THIS CERTIFICATE SHOU WRITING THE WORD WARDED TO THE CHIEF PAGE 3 SHOULD BE USE TATE DEPARTMENT 121201 PHICHOLD BE	MEDICAL C	DERLYING ENTRIBUTING E	OR CAUSE OF D	HOUR A.M. DEATH P.M. 21e PLACE O	MONTH DAY YE 19 FINJURY (ATHOME, DRY, FARM, ETC.)	AR 21f. LC	CATION	D TENTER NATURE OF INJURY IN		OUNTY	STATE
MEDICAL EXAMINER: TO MEDICAL EXAMINER: TO ECUTE THE CERTIFICATE, CSE 4 SHOULD BE FORW, THE BALL DIRECTOR: PARTIAL WITH THE STAND, SAME AND	AC SIG	TUAL NATURE	Natur (L	ol causes X,	Accident , M.D.	Autop Suicide	Homicide TITLE (SPECIFY) Deputy	Undetermined monner MEDICAL EXAMINER Camden Ave	ond in my o	3-4-	
BP	230 BURIA (SPECIF Bu	L, CREMATION rial RAL DIRECTOR			23c. NAME OF C		R CREMATORY Park	23d. LOCATION CITY OR TOWN Salisbury REC'D. BY REGISTRAR 125b	Wicon	rico A	state Nd.
DHMH - 17 (VR A15 MF (5))	Hol		Funer	al Home	. Salisb	urv.	2.2.2.00	R 400E A.S	NEGISTRAR'S	Badage	

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087038			STATE OF MARYLAND	a E 0	0 4 4 8
00.000	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL H	ARIENE O O	, 0 4 9
10	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	I. DECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2 7 5	(TYPE OR PRINT) MARU	Cartherine	Portug	3	18-85 M39AM
1000	3. SEX	14 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	FEMALE	WHITE	AhR 21, 191	4 70 YRS	
10/	Ta. BIRTHPLACE (STATE OF OREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
	MARVIANES	145.A.	WIDOWED DIVORCED [MD.
24 8	10 CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
# # # P (#)	Splishing	WICH CONTROL N	WANN MA	TYPPOF WORK FOR MOST OF WORKING	CHEN Home
120 Durs	USUAL RESIDENCE	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSIONE	/.	100030
AND 2 AND 2 Filled fould b	MARY/And L	11 / No 1	WN 13d INSIDE CITY LIMITS	13e.STREET DORESS ZIP CO	2/849
Total Pier	14 FATHER'S NAME	ALLONE ALLON	15. MOTHER'S MAIDEN	NAME	LAST
MAR ed w	CHORGE TRO	neis Athi	NS LAURI	A ANN	AdKINS
PRE,	160 WAS DECHASED EVER IN U.S.	ARMED FORCES? # 16b SOCIAL SE	CURITY NO. 17 INFORMANT	- D A ADDRESS	alondous, Si
Pogo P	NO CHARACTER (IF TES.	715-62	-2066 VETREE T-	rendue salish	une mel 2/80/
SALT ore by pers	18 CAUSE OF DEATH (Enter	only one couse per ling@br (o), (b),	gnd (c)		BETWEEN DNN AND DEATH
phy phy smooth	PART I. DEATH WAS CAU	SED BY: IATE CAUSE (0)	bral "line	whave i coi	ma 1/2 10
or so		DUE TO, OR AS A CONSEC	DIENCE OF	(tall on Feb 2	130-
STC leot then ve o	Conditions, if ony, which	((b)	1027.02		7051
he o emo	gove rise to immediate couse (a), stating the	3 41	WENCE OF 1 / 1)		
W. hot the by the by the other	underlying couse last	DOE TO, ON ASSESSORIAGE	Servi),		4
201 pled priod	PART 2. OTHER IGNIFICAN		O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION O	GIVEN IN PART TIO
duir fhen fo b		le del	Tia		
law requires to seen signer or seen signer to seen signer to seen signer to seen signer to seen injury	I I DATE OF OPERATION	19b CONDITION FOR WHI	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
REC love	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING			YES NO NO CER	RTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
VITAL NYSICIO COST HYGIE	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	0
OF VI	OD CONTRIBUTION CALLES OF		DAYLIYEAR	7	
ON O IYSIC ding s cer s cer S cer Mentio	(IF EITHER NOTIFY MEDICAL EXAMI	21e. PLACE OF INJURY	2 1965 Diplocation		
DIVISION OF VITAL NG PHYSICIAN: The outending physician to the certificate in state build-tronsis in the ond Mental Hygiet orked og Hern. 8 strav	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	E. FARM ETC) STREET	CITY OR TOWN	COUNTY
DIV Or of the or of the or of the or	AT WORK AT WORK		3-11	3-17-	- 55
END OR. Y	22a. certify that (1) (this ha	spital) attended the decayed from		on death occurred on the date and h	, 19, that (I) (we) lost
ATT ATT OSPIN	obove, (I) (we) (did) (did	not) view the body after death.		on deall accorded on the date and t	
P P P P P P P P P P P P P P P P P P P	27b. S.GNATURE	1.	DEGREE	G _ MEDICAL _ STAFF	77. DATE SIGNED 7 - 10-25
RALL STORY	22d PHYSICIAN'S NAME (178	E OR PRINT)	PHYSICIAN	DIRECTOR PHYSICIAN	7 10103
HOSPIT ined by FUNER FUNER wild be on the Site of the	77 77 77 77	IITIVE M	TIRLY K.	11/1/ 4D	Copie. Hel
TO HOSPITAL retoined by the TO FUNERAL I should be deto with the Store I MPORTANT. If	L.V. 11	1 1 1 1 1 1	·	10 11 106 112	saunus, va
	230 BURIAL CREMATION, REMOV	AL 2315 DAVE 23	NAME OF CEMETERY OR CREMATOR	23d LOCATION	COUNTY MAN STATE
BP	AURITH	1721/1983	Wille Mice Illem I	DATE REC'D. BY REGISTRAR 256 REG	TOTAL CALL CALL
DHMH - 16 50M 4/83	24 EUNERAL DIRECTOR	ADDRES ADDRES	110/	MAR 22 1985	TO TANDE
(VRA 15, 4)	FAREL W/JO	uners, Alisbu	ry well.	11/11/ 2 2 1000	•



TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and central in the first the should be detached for use as the build-transit permit. Then please remove carbonpapers. Pages I and a should be then with the State Dept. of Health and Mental Physiene prior to burial, cremotion, or removal.

ATTENDING PHYSICIAN The low aspitol or offending physicion.

BP. DHMH - 16 50M 4/ (VRA 15, 4)

FOR			DEPAR		E OF MARYLAND EALTH AND MENTAL HY	GIENE 8 5	0	9 6	4
- STATE REGISTRAR				CERTIF	ICATE OF DEATH		G. NO.	T ALL	
1 DECEASED NAME [TYPE OR PRINT]	CLAR	ENCE	W.	Phil		20. DATE OF DEA	March	24,1985	26 HOUR 2145
3 SEX Male		4 RACE Whi	te	S. DATE C		6 AGE (IN YEARS L		MONTHS DATS	IF UNDER 24
COUNTRY) Maj	ryland	USA	F WHAT COUNTRY	WIDOWE		Main command		Y OF DEATH	
Salisbury	1	Penir	isula Gen	eral H	ospital	120 USUAL OCCU		(IFE) 12b. KIND C INDUSTRY Retail	F BUSINESS Hard
USUAL RESIDENCE	131 COUN Some	ITY	I 3c. CITY OR TO	WN	13d INSIDE CITY LIMITS?	13e STREET ADDR 512 Be	ess/zip cor ckford	Ave. / 2	1853
FATHER'S NAME Will:	Lam	MDDIE	Phillips	3	15 MOTHER'S MAIDENNA FIRST Florence	A A		Polli	tt
160 WAS DECEASED TYES NO OR UNKNOWN		MED FORCES!	212-03		C. W. Phill:		Presto	O. Box	125 21655
18 CAUSE OF PART I. DE	TH WAS CAUSED	ly one cause p D BY: E C AUSE (o)	Card I	ondicii Re	spiratory	Anes	1-	BETWEEN	MATE INTERVA ONSET AND DE
PART 2 OTHE	stating the cause lost.		OR AS A CONSEQUENCE ON TRIBUTING TO		NOT RELATED TO THE TER	D SCLOV		IVEN IN PART 1	0
190 DATE OF C	PERATION	19b. CON	IDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES (ES []	
0.0.00.100.00.10.11	AS UNDERLYING G CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	216 HOW INJURY OCCUI	RED (ENTER NATURE O	OF INJURY IN ITEM 18	PART I OR PART 2]	
UF EITHER NOTE 21d. INJURY OF WHILE AT WORK	CCURRED		E OF INJURY STREET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STAT
sow the d obove, (I)	eceased olive on we) (did) (did not	2/	the deceased from 24 19. dy after death	010	d that in (my) (our) opinion	to to	the date and ha		that (1) (we causes state
226 SIGNATUI	RE MIC	- 49				MEDICAL DIRECTOR PH	STAFF HYSICIAN []	22c. DATE	SIGNED
	un	.R. He			614 CEA			RE DR	D. J.
230 BURIAL, CREMA	al	3/28			Pres. Cemete	Prince	ss Anne	-Somers	et-MD
24 FUNERAL DIRECT		(Crisfield	, MD	21817	AR 2 9 19	B5 J REGIS	STRARS SIGNAT	- Aunda

STATE OF MARYLAND

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-	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

104	1 -	STATE REGISTRAR				CERTIFIC	ATE OF DEAT	H	REG.	NO.		
		EASED NAME	FIRST		MIDDLE	LAST		T	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
5	11116	ON PRINTY	Emma		Port	er			March 22.	1985		31254
3	SEX		ale	4 RACE	te	S. DATE OF I	DAY YE	EAR	84	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
85	(RTHPLACE (STATE OR FOO	ORE IGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRI	IED 🗀	BALTIMORE CITY Wicom	OR COUNT	Y OF DEATH	MI
7/		TY OR TOWN OF DEA	тн	11. NAME OF	HOSPITAL, NURSIN CHEACILITY, GIVE STREET Head Cen	IG HOME OR (OTHER INSTITUTE	ON	12a USUAL OCCUPA (TYPE OF WORK FOR MOS	TION		OF BUSINESS OR
影	13a. S	TATE Taryland	136/ COUP	other institution NTY erset	130. CITY OR TOW Princes	s Ann	d. INSIDE CITY LIV		13e STREET ADDRESS Route		DE 21	853
190	4. F.A	THER'S NAME FIRST James		WIDDLE	Owens	15	MOTHER'S MAIL FIRST EVA	DEN NAM	R. MIDDLE		Mc Gra	th
2 Comment	0	AS DECEASED EVER I ES, NO OR UNKNOWN)		MED FORCES?	219-44		INFORMANT Larry F	Porte	er, Prin	CESS		
and,		18 CAUSE OF DEATH	LEnter or	ly one couse pe	r line for (a), (b), an	dici)			onia		BETWEEN	ONSET AND DEATH
isto burial, cremation	NOI	gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN	lost.	(c)_					ccible wallow edings valdisease or co			a,
2	CERTIFICATION	19a DATE OF OPERAT			ITION FOR WHICH				200 AUTOPSY?	IN CERT	ES, WERE FINDII TIFYING CAUSES YES	
9		210. ACCIDENT WAS UNDO OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DE	HOUR A	DE INJURY M. MONTH D. M.		TE HOW INJURY	OCCURRE	ED (ENTER NATURE OF IN	JURY IN ITEM 18	B PART I OR PART 2)	
yed o	MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR		21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F		II LOCATION STREET		CITY OR	IOWN	COUNTY	STATE
or of Neon		sow the decessoobove, (Fixe) d						opinion de	eoth occurred on the	dote and he	our and from the	that (I) we) lost couses stated SIGNED
ANT. If B		Maria PHYSICIAN'S NA		W, T	Tush	u Zu		IDING ICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN [3-	22-8
MP OR		Vancy W. To				-				Salis	bury, MI	21801
-		URIAL CREMATION, I	REMOVAL	3/26	125 Si	1111	NETERY OR CREM.		234 DC ATION CITY OR TOWN REC'D. BY REGISTRA		STRAR'S SIGNA	t hea
M 4/83 4)	1	Dine of	1.2	linna	I Logress	cen As	ine 1	MAR 2	9 1985	Pulia Das	vidson-Bon	desa

7b HOUR

REG. NO

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

28 DATE OF DEATH MONTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR

BALTIMORE CITY OR COUNTY OF DEATH

12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK OR MOST OF WORKING LIFE INDUSTRY

150 X

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM TO PART) OR PART 2)

CITY OR TOWN COUNTY

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c DATE SIGNED

PHYSICIAN PHYSICIAN

25a DATE REC'D. BY REGISTRAR 15h REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

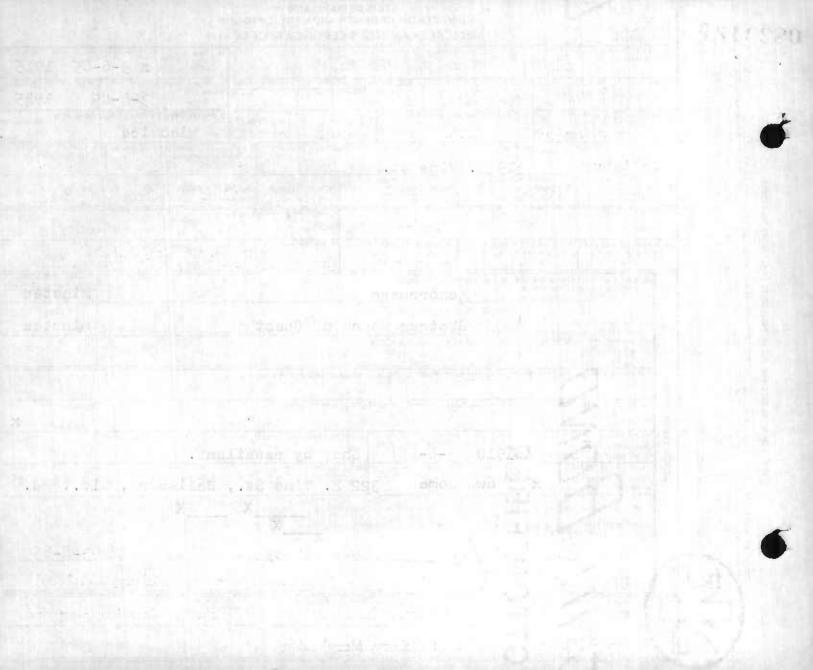
- STATE REGISTRAR

I. DECEASED NAME LTYPE OR PRINTS

6.0000 TORKERS CONTRACTOR OF THE PARTY The second of th

20M 4/B2

STATE OF MARYLAND



881031	1.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 👸 🔾	0 9 6	5 4
(Bi		CEASED NAME FRST	eph M	S	syben-	3 - 8 - 1	MONTH DAY YEAR	1930 A
ge 4 mg setter, pp ris uther	3 SE	MALE	WHIT.	E S. DATE (7-30AY 3VEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR MONTHS DAYS	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RTHPLACE PTEORFOREIGN	76 CITIZEN OF WHAT C	MARRIE WIDOW	DENEVER MARRIED DIVORCED	Wicomico	R COUNTY OF DEATH	M
1 2 20		lisbury	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, Peninsula	GIVE STREET ADDRESS)	ospital	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	OF BUSINESS OR
86	13u.5	AL RESIDENCE (IF NURSING HOME OF		PERLIP	13d INSIDE CITY LIMITS? YES NO A	13e STREET ADDRESS	ZIP CODELL R	0, 218
133	1	TOSEP14	MIDDLE SEY	BERT	IS MOTHER'S MAIDEN NAM	ARET	SEYBE	Ter
To Proper		WAS DECEASED EVER IN U.S. AR YES, NO OF UNKNOWN) (IF YES, GIV	VE WAR OR DAYES)	22-1824	17 INFORMANT	ADDRE EYBERT	BERLIN	Ms.
ST. SA.		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE IMMEDIA)	nly ane cause per line for (ED BY: TE CAUSE (a)	a (b) and ic)	nout Ly	mphon	BETWEEN	XMATE INTERVAL N ONSET AND DEATH
W. PRESTON at the death c by the attendir the remove cuit committee, or	100	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last	DUE TO, OR AS A C					
RDS, 201 equires the signed. Then ples the become impury, or	NO	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 1	10.
The second secon	TIFICATION	190 DATE OF OPERATION	196 CONDITION FO	DR WHICH OPERATIO	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
OF VITA	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MC	Y ONTH DAY YEAR 19	21¢ HOW INJURY OCCUR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
WYSION CHERTON CHERTON CHERTON CHERTON CHERTON CHERTON	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACTO		211 LOCATION STREET	CHTY OR TO	NN COUNTY	STATE
ATTENDA Sporal or CTOR a Stervise of Reco		220.1 certify that (1) (this haspi saw the decease decline an above (Diwe) (trid) diamo			nd that ir (aur) apinion o		ite and have and from the	
TAX OR No He		a sich time de	Dulas)		MEDICAL STAF DIRECTOR PHYSIC	F - 1000	esigned 80
TO HOSE TO FUNE TO FUNE WANTER S	10	PHYSICIAN'S NAME TYPE OF	ouch		SSI RIVE	,	spand, m	.7.
ВР		SPECIAL CREMATION, REMOVAL	3-13-8	5 SUR	EMETERY OR CREMATORY	13d LOCATION	IP, WOK	2 100
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FI	UNERAL DIRECTOR UNEL RICH	F.H.	BERLIE	Mo, MARA	8 1985 Ju	is Davidon-Ro	rdell :

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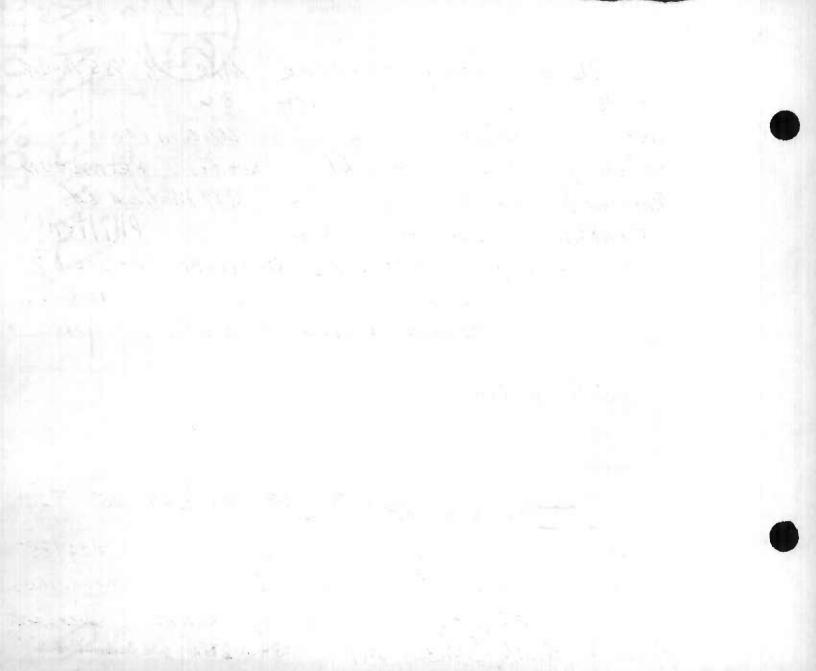
r GAM

wie Davidson

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEAT	H	REG. N	0				
	CEASED NAME	FIRST	N	NDDLE	Shi	ores		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
	Ado	lie	Mab	el	SH	-URES	8	MARCH	30	191	F5	157 0	AM
3. SE	X	4	RACE		5. DATE C		E AR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS	DAYS	IF UNDER 24 HOURS	MIN.
u,	Female		White		7	10 1908		76	YRS				
7a B	IRTHPLACE (STATEORI	FOREIGN 71	CITIZEN OF V	WHAT COUNTRY?	8 MARRIEI	NEVER MARR	IED 🗆	9 BALTIMORE CITY C		Y OF DI	EATH		
	aryland		U.S.A.		WIDOWE	D DIVORC	ED 🔲	Wicomico)				MD.
10 S	alisbury	ATH 1	P(IF NOT IN SUCE enins	IOSPITAL, NURSINI HFACILITY, GIVE STREET A BULA GEN	GHOME C ADDRESS) Ieral	Hospit		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewife	OF WORKING		KIND O DUSTRY	F BUSINES:	SOR
13a.	al residence (if nurs state Maryland	136 COUNT		give residence before 13c. CITY OR TOWN Salisbury	N	13d INSIDE CITY LI		13e.STREET ADDRESS 832 (101)			r Dr	ive 21	1801
14. F	ATHER'S NAME	M	DDLE	LAST		15 MOTHER'S MA	IDEN NA/	MIDDLE			LAS	ī	
	Elijah		homas	Phippi		Laura	100	Josephin		Phip	pin		
	WAS DECEASED EVER YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	218-05-8		Same as	#13	Mr. Thomas	Ē. Sh	ores	(Hu	usband	1)
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED	BY	CARPIA		PULMONA	rry.	ARREST		-	APPROXI BETWEEN O	MATE INTERVA	EATH
	Conditions, if any, gove rise to im- cause (a), statir underlying cause	, which mediate ng the	DUE TO, OF	PROBABL RASACONSEQUE PSCVD	NCE OF			INFARCT		EN			
_	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERM	INAL DISEASE OR CON	DITION G	IVEN IN	PART 1:	2	
CERTIFICATION	CONC	EST /A		EART TION FOR WHICH		N WAS PERFORME		200 AUTOPSY? YES NO	IN CERT	YES	CAUSES	OF DEATH	1?
EDICAL CER	21g. ACCIDENT WAS UNIT OR CONTRIBUTING []	CAUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY	OCCUR	RED (ENTER NATURE OF INJ.	IRY IN ITEM 18	3 PART 1 OF	R PART 2)		
MEDI	21d INJURY OCCUR		21e. PLACE C	OF INJURY EET, FACTORY OFFICE FA	ARM, ETC)	211 LOCATION STREET		CITY OR TO)wN	cc	YTAUC	STA	ATE .

220.1 certify that NJ (this haspital) attended the deceased fram saw the deceased alive an 5/30 abave, #1 (we) (did) (did not) view the bady after deat

(our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Locust & Quincy Sts., Salisbury, Maryland 21801

Dennis J. Chodnicki, M.D. 23a BURIAL, CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park

Salisbury, Wicomico, Maryland

24 FUNERAL DIRECTOR

Burial

Hölloway Funeral Home, P.A., Salisbury, Maryland

4/2/1985

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. should be detached for use with the State Dept. of Hea

MPORTANT: IF

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		EU	and type
nomenater own home.			
x138 13 Laurel Village 1995	X.	Sucsex Laured	elmure
accel ing feme	PAmile	odonno I	(626)
latener UB Larel Villie	38 - A. Ser G. S	222 05 40	оп
		NA SECTION	

51430	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9 6 5 8
(1)		EASED NAME FIRST	ALLEN HUE	Y SMITH, SR.	20. DATE OF DEATH MONTH	07.7 111
pe 4 mo	3. SEX	MALE	4. RACE CAU.	MARCH 5, 1919	6. AGE (IN YEARS LAST BIRTHDAY) 6. AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
er deoth. Fai	C	THPLACE (STATE OR FOREIGN DUNIRY) maryland Y OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	MARRIED XX NEVER MARRIED WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	9 BALTIMORE CITY OR COUNTY Wicomico 126 USUAL OCCUPATION 1179E OF WORK FOR MOST OF WORKING LIE	MD 12b KIND OF BUSINESS OR
24 hours off	USUA 13a S	isbury LRESIDENCE HE NURSING HOME OF LATE Maryland Dor	Peninsula Gene TOTHER INSTITUTION, GIVE RESIDENCE BEFOR	ral Hospital	fur dealer 13e STREET ADDRESS / ZIP CODE General Deli	furs Md.,21675
scuted within a completely is 1 and 2 shg	14 FA	THER'S NAME FIRST SOLOMON AS DECEASED EVER IN U.S. AR	MIDDLE LAST J SMTT MED FORCES? 166 SOCIAL SECT	H IDA URITY NO. 17 INFORMANT		BURTON
ficate be exe physician and popers. Page navol.	ŢY	NO 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		Wife Kathleen	Parks Smith	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the death cert ned by the ottending please remove corbor uroi, cremation, or ret v. or other traumatic es		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE TO TO THE TO TO THE TO	red arteri seles	The Vascular his	VEN IN PART I to
AN The low requir hystron. Itrose has been significant persons permit. Then Hyges perior to B 18 shows parior to	CERTIFIC	190 DATE OF OPERATION 3/14/85 210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE	196 CONDITION FOR WHI	OPERATION WAS PERFORMED IN THE STATE OF THE	206 AUTOPSY? 206. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
IG PHYSICLI ottending p fer this certi is the buriol- nond Mento rked or frem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED 21d INJURY OCCURRED WHILE NOT WHILE AT WORK		19 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
A ATTENDIN e hospitol or DIRECTOR Af- ched for use o Dept. of Health Item 21 is mou		220 I certify that (1) (this hospi	(tot) attended the deceosed from 19	DEGREE	deoth occurred on the dote and hou	19
O HOSPITAL O etoined by the TO FUNERAL D should be detoo with the State D MPORTANT. If		Michael P. Michael R. Michael R.	Buchness Buchness	M D ATTENDING PHYSICIAN E PACKET	DIRECTOR PHYSICIAN DESTREE	3/19/85
BP		URIAL, CREMATION, REMOVAL	236. DATE 23c 3/21/85 DO	NAME OF CEMETERY OR CREMATORY rchester Mem. Pl	c. Cem. Airey,	Dorchester, M

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

Curran Funeral Home 308 High St. Cambridge, Md. 21613

074066	1.	FOR		SI DEPARTMENT O	ATE OF MARYL		GIENER S	0	0 /	F** #5
10	1-	STATE REGISTRAR		DICAL EXAM		FICATE OF	DEATH	G. NO.	7 0	2 4
(A)		CEASED NAME RIST	Mae	MIDDLE	SMITH		20. DATE KNOW OF ESTI- DEATH MATE		-9-85	26. HOUR 1223 _M
A SOUND	3. SE)	Wile BK.	S. DATE OF BIRTH	YEAR LAST BIR			HRS. 2c. DATE PRONOUNCED DEAD	3-9-8	35 19	2d. HOUR 1223
MERCAL ME	10 B	RTHPLACE (STATE OR REVEN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	2.2.5		ITY OF DEATH	MD
ELAY IS IT TO THE FL. PAGE 5 BE FILED.	ID C	Salisbury	(IF NOT IN SUCH F	SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES ULA Gener	(S)		Re. USUAL OCCUPATION FOR MOST OF WORKING USE	EIT	12b. KIND OF OR INDU:	BUSINESS STRY
中のたったり	USU/ 13a S	AL RESIDENCE HE IN NURSING HOME OR TATE		134. CITY OR TOWN	ISSION)	IDE CITY LIMITS? 13	STREET ADDRESS	453 Pa	218 Lesions	Burg
DRE, MD. DEATH. IF GES 1, 2, PM 3. OF WITH	14. F/	THER'S NAME FIRST	MIDDLE YY BYYY	LAST	15. MC	THER'S MAIDEN	MIDDLE		WES	t
., BALTIMORE, MD. 21201 JRS AFTER DEATH. IF ANY 8. GIVE PAGES 1, 2, AND 3 WITH FOR PM 3. RETA T. PAGES 1 DIVISION OF WITH RECORD	16a. \	VAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE W	ED FORCES? AR OR DATES)	220_03	2044 Ph	ORMANT	er-Cook	Drive	BX35	Tisbury 14 Dad
W. PRESTON ST. WITHIN 24 HOU PENCIL IN TEM 18 MINER ALONG 1 FITENSIT PERMIT FITENSIT PERMIT FITENSIT PERMIT OR REMOVAL.		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	CAUSE (a) DUE TO, OF		CE OF	diovasc	ular Dise	ase	BETWEEN ON	ATE INTERVAL ASET AND DEATH ATE
AL RECORDS, 201 JULD BE EXECUTED "PENDING" IN FIFE MEDICAL EXA FIED AS DAIRAL FIEALTH AND M AL, CREMATION,	NOI	PART 2 DINER SIGNIFICANT CONDITIONS CO		OUT NOT RELATED TO THE T	ERMINAL DISEASE DR COND	DITION GIVEN IN PART 1	IQ.			
F VITAL RECORD TE SHOULD BE EX WORD "PENDING WE CHIEF MEDICA" BE USED ASA B ENT OF HEATTH A DBURALL, CREMA	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	ITION FOR WHICH OF	PERATION WAS PERI	FORMED?			20 AUTOPS	
ION OF VI		21 EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DI	ATH P.A	A. MONTH DAY YI	AR		ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PA	ART 2)	
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		270 certify that I took charge death resulted fram: Platura ACTUAL SIGNATURE	of the remoins de		Suicide , Ho		M. Inquiry X. Undetermined manner MEDICAL EXAMINER	ond in my o	2 7 7	1-85
TO MEDIC EXECUTE: PAGE 4 3 TO FUNE PAFFER DE		(TITE ORTHUNIT)	L. Rolye				mden Ave.	, Sali	sbury	, Md.
BP	{:	JRIAL, CREMATION, REMOVAL 231 PECIFY BULLAZ JUNEAL DIRECTOR	125,16,19	35 G ass	EMETERY OR CREM		PLISONS DU	ra WI	COMICA	STATE
DHMH - 17 (VR A15 ME (5)) 20M 4/82	100	rd Funeral Ho	me, Mai	rion Stat	ion, Md	AAAD	10		n-Randel	2

4400 POWDER MILL Rd. BELTSVILLE, Md. 20705

FOR

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

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10		FOR STATE REGISTRAR CEASED NAME FIRST		MIDDLE		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		YEAR 2h H	OUR *
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	3. SEX	Male	4. RACE Whit			ch 8° 1915°	6. AGE (IN YEARS LAST BI	MONTHS YRS.	DAYS HOU	- OCK LAIL
130		RTHPLACE (STATE OR FOREIGN COUNTRY) Color Pennsylvani		F WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY C	_	ATH	
111077		alisbury	Deer s	F HOSPITAL, NURSIN UCHFACILITY, GIVESTREET B HEAD CEN	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired Contractor			INESS
Elled in	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b. CO Maryland Wid		13c. CITY OR TOW	/N	13d INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS 201 Brook	/ ZIP CODE lyn Avenu	e 2	1801
1000	78	THER'S NAME George W	MIDDLE	Snyder		15. MOTHER'S MAIDEN NAME FIRST	WE	F	inley	
Poper /	16a W	VAS DECEASED EVER IN U.S. / YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	173-07-		201 Brooklyn	na Katherine Avenue, Sal	Phan (Doisbury, Mo	aughter iryland	218
requirent signaturent biomar to biomar to biomar to biomar to biomar y injury	ATION	PART 2 OTHER SIGNIFICAN		DITION FOR WHICH			70a AUTOPSY?	20b. IF YES, WERI	E FINDINGS L	
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07715	9	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGENE
12 - 1-	11-	STATE MEDICAL EVAMINED'S CERTIFICATE OF REATH
1 IP		CEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN CA AONTH DAY YEAR 75 HOUR
Brange	(14	Joseph P. Spalding DEATH MATED 3 9 1965 0939
A O H O H	3 SE	X 4. RACE S. DATE OF BIRTH 6. AGE (IN PARS IF UNDER 1 YR DUNDER 24 HRS. 21. DATE MONTH DAY YEAR 24 HOUR
AARY TONS TONS	1	m w NONTH DAY YEAR LAST AIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 3-9 1985 0938
ACESSAR INERAL FOR YOU WITHIN Y	7o. B	RTHPLACE (STAFEOR 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
NA N	1	Whengton A.B. U.S. H. WIDOWED DIVORCED WICOMICO MD.
SEGES!	10	ITY OR TO IN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK IND. STREET ADDRESS) OR INDUSTRY
NOW HOW I		AL RESIDENCE (IF IN NURS 4G HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ALL MESSION
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POOP SEE	4	faymout bleas feelding tedella friestley.
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2 20×F0	1	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
NN ST FAM S ERM ERM ERM ERM		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH W. W. W. C.
PRESTON THIN 24 F IL IN ITEA ER ALON INSIT PER EMOVAL		DUE TO, OR AS A CONSEQUENCE OF
NAN SERVICE		conditions, if any, which gave rise to immediate (b) thypertensive C. V. Disconce years
N PEN XAM		couse (a) stoting the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF
AND AND AND AND		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
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SION OF RTIFICATE NG THE W SHOULD PARTMEN	MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211, LOCATION
= ≥ ≤ ≤ C C C	WE	WHILE AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
ATE, THATE, AND, 21		270 Certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry . and in my opinion
MINER HECATE FOR FOR HETHE	1	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined monner .
HE CERTIFICATION OF THE CONTROL OF T	111	ACTUAL O D 1 C TITLE (SPECIFY)
EDICAL I JETHE 0 4 SHOU INERAL I DEATH, NORE, N		SIGNATURE M.D. Deputy MEDICAL EXAMINER SIGNED 5-9-85
TO MEDI EXECUTE PAGE 4 TO FUNI AFTER DI	1	EXAMINER'S NAME Earlh. Royer MD. ADDRESS 409 Cambon Ave Salisbury Mod
PAT	23 a. B	URIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 236 LOCATION
BP	1	puriate Mar. 19-1995 Ft. Lincoln Production P G Co Md
DHMH - 17	(Takoma Funeral Home. Inc. Date REC'D. BY REGISTRAR'S SIGNATURE
(VR A15 ME (5)) 20M 4/82	X	Man fallered 254 Carroll St. N. W. W. C. Company Street St

H 2.15 napard land Long Long Fork V 400 Lafe John John Hall There was the Kith line dellary

031097	1-	FOR STATE REGISTRAR		DEPART	MENT OF HI	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH		REG. NO.	9	5	6 3
may by people 3 ar deadth		CEASED NAME FIRST OR PRINT) TAME	ES 4. RACE	MIDDLE	S. DATE O		20. DATE OF DE	h 15	5 19	VEAR S IDER I YEAR HS DAYS	26 HOUR 2015 M IF UNDER 24 HRS HOURS MIN.
ALL ALLA	7a. Bi	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY	MARRIED	NEVER MARRIED	9 BALTIMORE Wicomi	CITY OR CO	rRS.		
	Sai	TY OR TOWN OF DEATH LISBURY	11. NAME OF (IF NOT IN SU Penin	HOSPITAL, NURSI ICH FACILITY, GIVE STREE SULA GENE	ral H	OTHER INSTITUTION	12a USUAL OCI	CUPATION		26 KIND O NDUSTRY	MD F BUSINESS OR
100 mm	13a S	AL RESIDENCE (# NURSING HOME TATE 13b CC HALLHUD W; THER'S NAME		13c. CITY OR TOV	WN	13d. INSIDE CITY LIMITS? YES NO A	AME	Box 38		ARdel	* Ano!
The second		(ES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	STANLEY 160 SOCIAL SED		Ida 17 INFORMANT GRACE Stu	1 0	ADDRESS	.381.	Stawl	lela Ma
o physical on papers. namowal.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	anly ane cause pe SED BY: IATE CAUSE (a)		nd ic	ICER_	Moy M				MATE INTERVAL ONSET AND DEATH
har the death of by the entending our remarktion ar rather traumation ar		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	(b)_	DR AS A CONSEOL							
on been ug on the plant of the	FICATION	PART 2. OTHER SIGNIFICAN				NOT RELATED TO THE TER	20a AUTOPS	Y? 20b.	IF YES, WE	RE FINDIN	GS USED OF DEATH?
rS.C.I.A. The image objects to the conficulty of	MEDICAL CERT	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH D P.M.	DAY YEAR	21c HOW INJURY OCCU		O	YES	OR PART 2)	NO []
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At OR ATTI the hospital of the Depth of the Depth of the Till here 21		sow the deceased alive above, (1) (we) (did) (did 77% SIGNATURE Aul R	Herry	y after death.		EGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		122c. DATE	

DHMH - 16 50M 4/83 (VRA 15, 4)

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230 BURIAL, CREMATION, REMOVAL

TA RHYSICIAN'S NAME (TYPE OF PRINT)

Stewart

236 DATE

3-20-85

22e ADDRESS

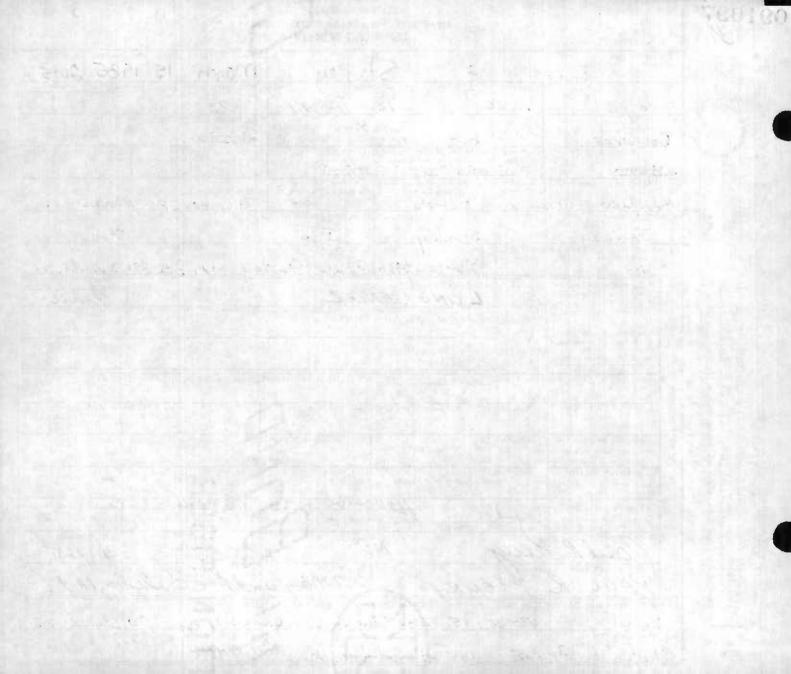
231 NAME OF CEMETERY OR CREMATORY Cometery

23d LOCATION

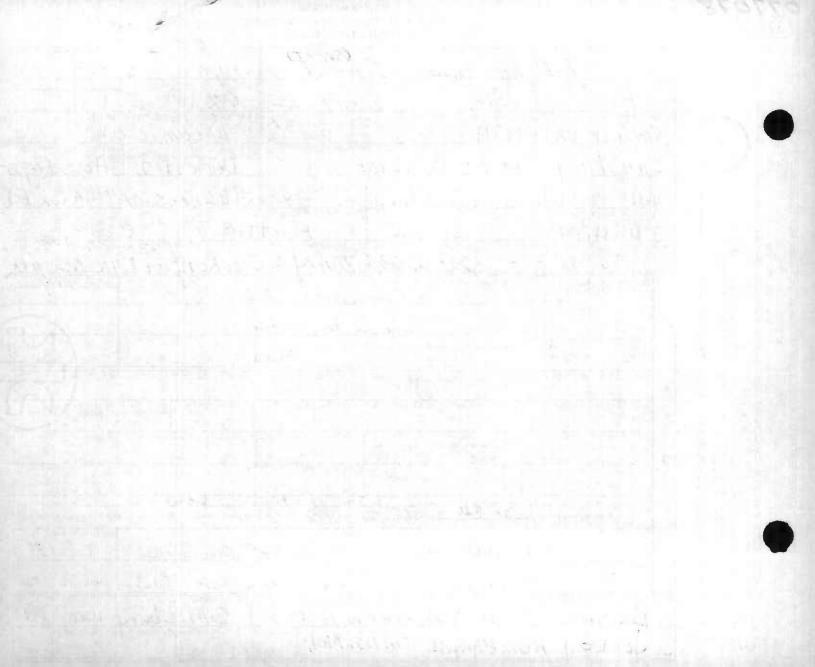
STATE Wilcouico

MD.

BY REGISTRAR 25 REGISTRAR'S SIGNATURE



077078	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
a mf	1. DECEASED NAME FIL (TYPE OR PRINT)	IllIAN BrOWN SWEAT MAY. 685 M
- 10 miles (1)	3 SEX	14. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	70 BIRTHPLACE (STATE OR FORE) NOV FO K VA 10 CITY OR TOWN OF DEATH	78. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WILCOMICO MIDOWED DIVORCED WILCOMICO MD. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION 126. USUAL OCCUPATION 127. KIND OF BUSINESS OR
	Salisbyr- USUAL RESIDENCE (IF NURSING	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY THE 3 130 > 210 A (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEKEEPEN
TLAND 2	130. STATE 136	COUNTY DISCRITY OR TOWN 13d INSIDE CITY LIMITS? 130. STREET ADDRESS STREET ADDRES
THE WAR	160 WAS DECEASED EVER IN U	
MALTIMO Uccon one of the med	18 CAUSE OF DEATH (E	TYES, GIME WAR OR DATES) 220-26-886 MAY MEN YORK APPROXIMATIVE YORK MET anly one cause per line for (a), (b), and (c).)
201 W. PRESTON ST., a rea that the death certifica- read by the attending phy please remose carbon pd surial, cremation, or remore y, or other traumatic event	Canditions, if any, wh gave rise to immedi cause (a), stating underlying cause li	DUE TO, OR AS A CONSEQUENCE OF One The Due TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
At RECORDS The low-requirement of a person to the low-requirement of	190 DATE OF OPERATION	N 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
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TTAL OR AT by the hosp RAL DIREC detached to inde Dept.	226 SIGNATURE	ET Gwell MD DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3-12-85
TO HOSPITAL retained by the TO FUNERAL should be determined by the State With the State IMPORTANT. If	226. PHYSICIAN'S NAME	ET Colwell 540 Riverile Drive Salaham no 21801
BP	BURIAL	3-11-85 Green Acres SALISBUN Wico Md
DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR	Mem. Chapeoloss SA115. Md. MAR 14 1095 REGISTRAR'S SIGNATURE



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

9665

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	EASED NAME	FIRST	A	AIDDLE	t.	AST .	20. DATE OF DEATH	MONTH	DAY YEAR	10 mc/m =
IPE	OR PRINT)	Bessie		L.	TAY	LOR	March 2	1, 19	85	00
E)		4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HE
	F		E	3	Jan.	19,01919 YEAR	66	YRS.	MONTHS DAYS	HOURS MI
		OR FOREIGN 7	. CITIZEN OF	WHAT COUNT	RY2 8	D NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH	
(OUNTRY) Md		J	JSA	WIDOWE		Wicomico)		
-	iyortownofd Salisbury	EATH 1	1. NAME OF H	HOSPITAL, NU HEACHITY, GIVE ST Head	RSING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retire		12b. KIND C INDUSTRY	F BUSINESS (
U/S	TATE Md.	13) COUNT Cec	Y	GIVE RESIDENCE B 13c. CITY OR I Elkt	IOWN	136 INSIDE CITY LIMITS? YES NO [13. STREET ADDRESS 425 Booth	ZIP CODE	21.921	
	THER'S NAME	Bank	IDDLE	Trave	rs	15. MOTHER'S MAIDEN NAM	ME Edna		Ross	
V	AS DECEASED EVE			166 SOCIAL S	ECURITY NO.	17 INFORMANT	ADDRI	ESS		
N.	es, no or unknown)	(IF YES, GIVE	WAR OR DATES)	214-10	-0690	Franklin Tra	vers,Sr.114	Hunt	sman Dr	.Elkto
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DHMH - 16 50M 4/83 (VRA 15, 4)

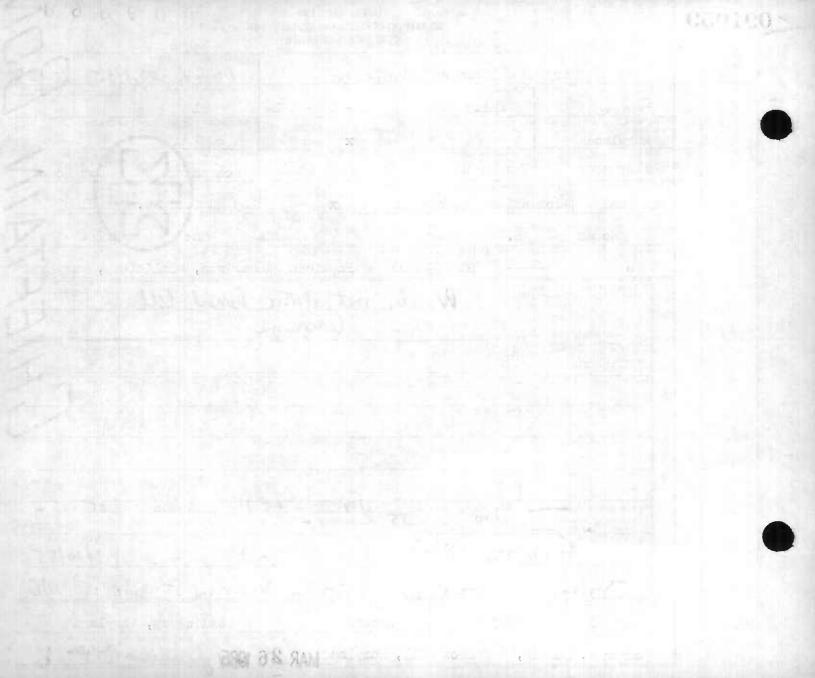
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THE STATE OF THE PARTY OF THE P

STATE OF MARYLAND 1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR STATE OF MARYLAND CERTIFICATE OF DEATH REG. NO.	09666
I DECEASED NAME FRST MIDDLE LAST 20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
Louvinia C. TAYLOR MA	9RCH 19.1975
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIR	
Female Black May 14.1911 73	MONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8	R COUNTY OF DEATH
Wicomico Windowed Divorced Wicomico	MD.
Salisbury 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Peninsula Ceneral Hospital Laborer Laborer	DE WORKING (IFE) 126 KIND OF BUSINESS OR NDUSTRY Shucke
USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 STATE 130 STREET ADDRESS	(710 COPT 000CC
Virginia Accomack Atlantic YES NOX P.O. E	Box 68 99999
15. MOTHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE	LAST
William Cropper Leah Broughton	IASI
ADDRE	
no 226-30-3307 Peggy Bishop Atla	intic Va 23303
Virginia Accomack Atlantic YES NOX P.O.E NOX P.O.E NOX P.O.E NOX P.O.E	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0)	mone weeks
DUE TO, OR AS A CONSEQUENCE OF	2 years
Conditions, if ony, which gave rise to immediate	
Cause 101, stating the Underlying couse lost.	
The state of the significant conditions contributing to death but not related to the terminal disease or con	DIVION OF USA PLANT
SO S	IDITION GIVEN IN PART 110
The Date of Operation 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED
AES NOU	IN CERTIFYING CAUSES OF DEATH? YES NO NO
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING PAINTER NOTES MEDICAL EXAMINER) P.M. 19	
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	OWN COUNTY STATE
WHILE NOT WHILE AT WORK AT WORK	
20.1 certify that (1) this hospital) ottended the deceosed from 19 8 to 10	, that (I)/(we) lost
sow the deceosed olive an obove, (I) (we) (did) (did not) view the body after death.	
DEGREE ATTENDING MEDICAL STALE	FF 220 DATE SIGNED
PHYSICIAN PHYSIC	CIAN
Woulder T NAGRE, my PGHMC Salish	ory md Else
236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN	COUNTY STATE
Burial 3-23-85 St. Johns Atlantic	
DHMH - 16 50M 4/83 OHAM - 16 50M 4/83	256 REGISTRAR'S SIGNATURE

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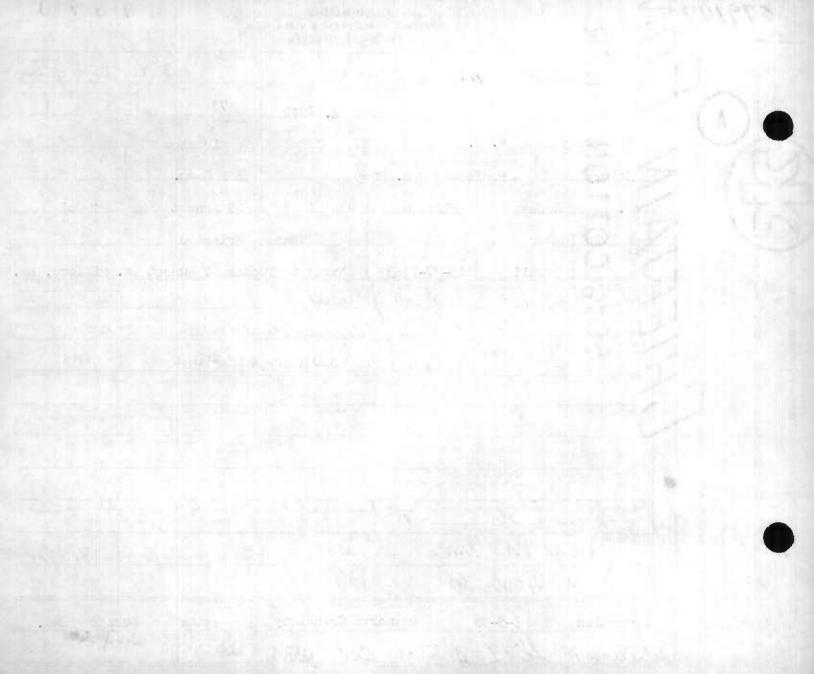
DHMH 16 50M 4 (VRA 15, 4)

5	1-	FOR - STATE REGISTRAR		DEPAR	TMENT OF HEA	OF MARYLAND ALTH AND MENTAL HYP CATE OF DEATH		D	9 6	6 9
		CEASED NAME E OR PRINT) STO	Phe	N HENRY	TRU	citt	MAKE	CH 1511	SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	26. HOUR 0500 M
	1 SE	MALE	-	white	ман	26 1947	37	YRS	IF UNDER I YEAR	HOURS MIN.
E	/	TARYLAND		U, S, A.	MARRIED WIDOWED		Wicomi			WD
10	S.	alisbury	I	eninsula Ge	eneral	Hospital	TYPE WORK FOR	MOST OF WORKING LIF		NTEN
85	13a S	PARYLAND	WICO	0 10 - 11 0	BUNY "	34 INSIDE CITY LIMITS? YES NO D	13e.STREET ADDI	RESS ZIP CODE	e WA	14 218
22	2	3nckdock	- He	Nry trui	77			DDIE	TA	RR
/		VAS DECE ASED EVER I	(IF YES, GIVE V		-1062	PRACE NIC	chols 3	ALISBU	Ky, MO	2180
Unable event, th		PART I. DE ATH WA	AS CAUSED I		ninated	intravascul with extension				(MATE INTERVAL ONSET AND DEATH
ry, or other tro		gove rise to imm cause (a), stating underlying cause	ediote g the last	DUE TO, OR AS A COLORO		OT RELATED TO THE TERA	MINAL DISEASE OR	CONDITION GIV	EN IN PART I	a·
The same	TIFICATION	90 DATE OF OPERAT	Chun	196 CONDITION FOR WHICE	CH OPERATION	WAS PERFORMED	200 AUTOPSY YES W	INCERTIF	, WERE FINDIF YING CAUSES S	
9	MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR	AUSE OF DEATH	216 TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY	DAY YEAR	PIL LOCATION	RRED (ENTER NATURE (OF INJURY IN ITEM 18 P	ART 1 OR PART 2)	
o period	MED	NOT WHI	RE C	(AT HOME STREET, FACTORY OFFIC	E FARM, ETC)	STREET	cir	Y OR TOWN	COUNTY	STATE
214 2		saw the decease abave, (1) (July) (d		3 14 19 view the bady after death.	851, and	that in (my) (aur) opinian	. 10		and Iram the	
2		SIGNATURE	dree	1 a.Wen	uch h	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF PHYSICIAN [3	15 85
T VANDETA		Room	JEY (A. WENR	ICH	100 POWE			SBUR	y md.
-		BURIAL, CREMATION, I	REMOVAL	3/18/1985 3	TAY LOI	NITTE CE	n TA 42	-ONVIII	eowo	n Mo
/83	24.11	HERAL DIRECTOR	1 n	alle Carbons	1/110.	A A A A A A A A A A A A A A A A A A A	TE REC'D. BY REGIS	TRAK ZIB REGIST	BANGAGA-	HOHACE

White the Color of the second ANTERS AND PERMANENTAL SERVICE OF THE PROPERTY MARSLAND WILLIAM SHELSOLOF STEEL BUTTER STATE STEEL SELECT SONARE TO THE TOTAL CHARLES STY-ST-1062 STRACE AVENUES SAID CONGRESS TO TE-FIE International Committee Co Shadow -THE REPORT OF THE PROPERTY OF THE PROPERTY OF BERTHAR TE THE PARTY OF THE SET FRANCE OF THE PARTY OF BUPPLE SHORT FOR CONTRACT BULL OF THE LAND THE REPORT OF BILLIAM CONTRACTOR AND CONTRACTOR AND ADDRESS OF THE PROPERTY OF STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

079147

(VRA 15, 4)



STATE OF MARYLAND

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	1 - STATE REGISTRAR			DEPARTM		ICATE OF DEATH	GIENE	REG. NO			
	I. DECE ASED NAME	FIRST	,	MIDDLE		ASI		TE OF DEATH MO	NTH DA	Y YEAR	26. HOUR
d		Mary		М.		Turman	\ \	March 23,	1985		M
	Female		White		5. DATE C	27 DAY 1917 PAR	6 AGE	7		DNIHS DAYS	IF UNDER 24 HRS
2	Cambridge,	Marylo	nd U.	S.A.	WIDOWE		V	VICOMIC		OF DEATH	MD.
2	PARSONS	BURG	AT H	OME - RO	TE	#2	(TYPE O	WAL OCCUPATION F WORK FOR MOST OF W ITT Factor	ORKING LIFE	12b. KIND O INDUSTRY	F BUSINESS OR
2	USUAL RESIDENCE (IF NI 130 STATE Maryland	13b COUN Wicc		Parsonsb		13d. INSIDE CITY LIMITS?	13° STI Ro	reet address oute #2		2/	849
	Clarence	45 TW	AIDDLE	Burton, S		15. MOTHER'S MAIDEN NA Della		F. MIDDLE		Holiday	
X I	(YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	215-38-0		Route #2 Bo	Thurrox 42	nan M. Bi	rooks nsburg	(SAR)	21849
	PART I. DEATH	WAS CAUSE	y one couse per BY. E CAUSE (a)	Renal	call	carcinon	N -	metado	tic	BETWEEN	MATE INTERVAL ONSET AND DEATH
	Canditians, if or		DUE TO, OF	R AS A CONSEQUE	NCE OF		t	b lun	9		
	gave rise to in cause (a), sto underlying cau	ting the	DUE TO, OF	R AS A CONSEQUE	NCE OF	dr.			1		
	PART 2 OTHER SI	GNIFICANTC	onditions <u>cc</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINALDI	SEASE OR CONDIT	ION GIVE	N IN PART 110	
2	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	200 YES			WERE FINDIN	
-	OR CONTRIBUTING [CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RRED (EN	TER NATURE OF INJURY I	N ITEM 18 PAR	T I OR PART 2)	1466
	AT WORK CALLY	WHILE O	N 1994	EET, FACTORY, OFFICE, FA		211 LOCATION STREET	4	CITY OR TOWN		COUNTY	STATE
	220 I certify that	(1) (this haspit	al) attended the	deceased from	6	10 19 17	, to_	3-1	, 19	10	that (I) (we) last

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 50M 1/81 (VRA 15, 4)

Charles D. Stegman

24 FUNERAL DIRECTOR

above, (I) (we) (did) (did nat) view the body after death

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Family Practice, Princess Anne, Md. 21853

and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated

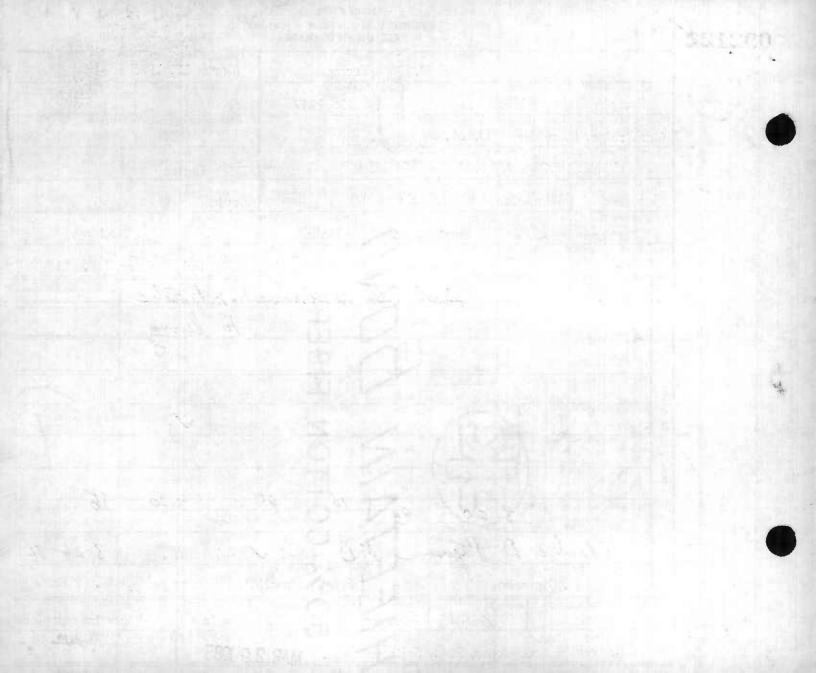
230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 3/26/1985 Burial Wicomico Memorial Park

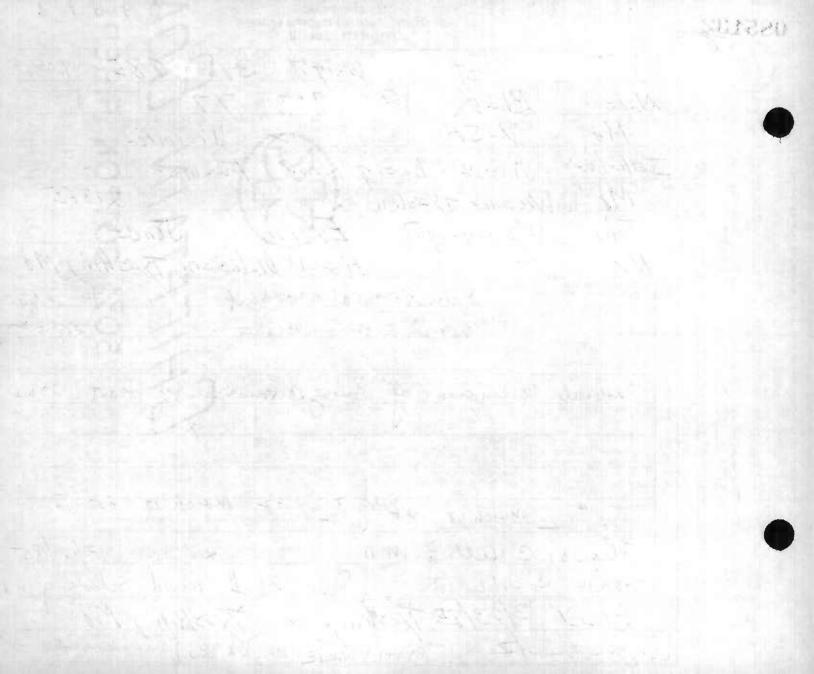
Salisbury BY REGISTRAR 356. REGISTRAR'S STENATION

Wicomico Maryland

22c. DATE SIGNED

Holloway Funeral Home, P.A., Salisbury, Md.





	FOR
-	STATE
	DECISTRAD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REC	GISTRAR			CERTIF	ICATE OF	DEATH	REG	NO.		
	ED NAME FIRST	MI	DDIE	L	AST		20 DATE OF DEATH		DAY YEAR	2b HOUR
Liber On be	Joel	Ster	ling	11	ALKE	R	MORCH	57.1	985	17/5D.
1. SEX	9091	4 RACE		S. DATE C	OF BIRTH	1	6 AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Mal	.0	White		Feb	13.	1904	81	YRS	MONTHS DAYS	HOURS MIN.
a BIRTHP	LACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY	? 8	- (A viewed	MARRIED	9 BALTIMORE CIT		Y OF DEATH	
Vir	ginia	U. S.	Α.	WIDOWE		MARKIED -	Wicom	100		MD
	R TOWN OF DEATH		OSPITAL, NURSI	,			12a USUAL OCCUP	ATION		OF BUSINESS OR
Sol	isbury.		FACILITY, GIVE STREE		l Ue	34-7	TYPE OF WORK FOR MC			
	SIDENCE (IF NURSING NOME OR		iula Ge		L nos	oital	Ret. Ta	vern (Owner	11 11 1
DE STATE	138 COUN		3c. CITY OR TO	WN			13e STREET ADDRE			44
	aware Sus	sex	Delmar	,	YES 🙀	NO 🗌	206 N.	2nd	Street	
	R'S NAME FIRST	MIDDLE	LAS1			'S DOUDEN NA	MIDDL		LAS	ST
Rot	ert Windfi	eld Wal	ker	11.00	Emma	Sterl:	ing Walk	er		
	DECEASED EVER IN U.S. AR	MED FORCES?	66 SOCIAL SEC	URITY NO.	17 INFORM	ANT	AD	DRESS		
No			220-09	-1906	Lo	a Mar	ie Walke	r De	lmar.	Del.
III C	AUSE OF DEATH (Enter on	ly one couse per la	ne feniol, (b), o	nd Ic	1 . 1			1		MATE INTERVAL ONSET AND DEATH
1	PART I. DEATH WAS CAUSE	D BY:	1100	50	MICA	000	10 ial	May	1171	MYS.
	IMMEDIAI	E CAUSE (a)	PICE	11			1	1		11
	audicional de la company	DUE TO, OR	AS A CONSEQU	JENCE OF	~ N/A	Clas	to00 1	1600	10 100	15
	nditions, if any, which ve rise to immediate	(b)		1011	Clare	1	100	11-11	7 9	
	use (a), stating the derlying couse last.	DUE TO, OR	AS A CONSEOL	JENCE OF		1				
		((c)								
	T 2. OTHER SIGNIFICANT	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR C	ONDITION GI	IVEN IN PART 1	0
19° E	COPD.									
5 190 [DATE OF OPERATION	19b. CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERF	DRMED	200 AUTOPSY?		ES, WERE FINDI IFYING CAUSES	
							YES NO		ES 🗌	NO 🗆
, , , , ,	ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY MONTH [DAY YEAR	21c. HOW 1	JURY OCCURE	RED (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PART 2)	
er i	CONTRIBUTING CAUSE OF DEA	101		19	-					
21d	INJURY OCCURRED	21e PLACE O	FINJURY		21f LOCAT	ON				
WH AT W	ORK NOT WHILE	(AT HOME STREET	T, FACTORY, OFFICE.	, FARM ETC)	STREE		CITYO	RIOWN	COUNTY	STATE
-	certify that (I) (this haspi	All attended the	deserved from		1	1 10 8	3.	27	12 72 or	
220	saw the deceased alive on	1 2 22 23		Section and the second	d that in law	Nour Loginian	death accurred on th	e date and ha		that (I) (we) last
-	above (W) we raid I taid no			, 01	7	Jour opinion		e dole dila ila		
776.	SIGNATURE		1/2		DEGREE	ATTENIDING	(MEDICAL S	TAEC	22c. DATE	SIGNED
	1001	1/1/1.6	ull				MEDICAL S	SICIAN	0<	-100
22d.	PHYSICIAN'S NAME ITYPE	R PRIVITI	1		22e ADDRE	ss /				
					- 4					
3a. BURIA	L, CREMATION, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR	CREMATORY	23d LOCATION			
Buri			1985 s				Del man	Suga	ex Del	STATE
		1 1 1 1	エフレンロ	U . DU	eunen	s Gem.	- Caller	- Lucio	ov nel	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Marvel-Short Funeral Home Delmar, Del.

Delmar Sussex Del.

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Maryel - Nort Francis Long Jelatt, Lol.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN 2b. HOUR LTYPE OR PRINTS Harwood 3-Roger WALLACE DEATH MATED 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE PRONOUNCED 0005, White DEAD 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S. WIDOWED X Wicomico DIVORCED CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Tidewater Fisheries Peninsula General Hospital Salisbury SUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 131 COUNTY Bo STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Somerset Dames Quarteres NO [] Deal Island Rd. A FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Shores Wallace Fanny 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANE leanor 16b. SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) Johnson Dr. . Salisbury. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART DEATH WAS CAUSED BY: Bronchopneumonia days IMMEDIATE CAUSE (o). Conditions, if any, which Fracture of left hip 25 days gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION Parkinson's disease. USED AS 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) EXECUTE THE CERTIFICATE, WRITING THE WARES SHOULD BE FORWARDED TO THE TO THE FUNDED TO THE STATE OF SHOULD BE STREAM PRESTED PROBLEMATION WITH THE STATE DEPARTMENT MARWAND, 21201 PROPRING MARWAND STATE DEPARTMENT OF THE STATE DEPARTMENT OF THE STATE OF THE DEPARTMENT OF THE D HOUR A.M. MONTH DAY UNDERLYING OR Fell at nursing home. CONTRIBUTING ACAUSE OF DEATH 21e PLACE OF INJURY LATHOME. 211 LOCATION Wicomico alisbury NH, Rt. 50, Salisbury, STREET, FACTORY, FARM, ETC.) Md. AT WORK AT WORK nursing home, Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion Accident X Hamicide death resulted from: Haturafficauses Undetermined manner TITLE (SPECIFY) DATE 3-25-85 Deputy MEDICAL EXAMINER Earl L. Royer, M.D. 409 Camden Ave., Salisbury, Md. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Salisbury; Wicomico, Burial Springhill BP Memory 24 FUNERAL DIRECTOR **DHMH - 17** Adia Davidson-Randa Hinman Funeral Home, Princess Anne, Md MAR 2 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

09675

	1 DE	CEASED NAME	FIRST		AIDDLE	- 1/	AST	1	20 DATE OF DEAT	H MONTH	DAY YE	AR 2b HC	VIID
		OP 9014-71	NORA		W.		RD	- 4	THE DAIL OF BEAT			20 110	
- 3	1.58			1 RACE	VV •	5 DATE O			6 AGE (IN YEARS LA		L9-1985		ER 24 HRS
18	1 30	Female	100	White		MONTH		1894	90	YRS	MONTHS D	AYS HOURS	
20	7a Bl	RTHPLACE (STATE OR F	OREIGN :	b. CITIZEN OF	WHAT COUNTR	Y? . B			9 BALTIMORE CI			Н	
0		lisbury, Mai		U.S.		WIDOWE	- Pa	NORCED	WICOM				MD.
0	S	ALISBURY		SALISBI	HOSPITAL, NUR HEACHITY, GIVE STR URY NURS	SING HOME O		TITUTION	12a USUAL OCCU LTYPE OF WORK FOR M Laborer		GUEEL INDUS	od Fre	ezer
3	Ha S	al residence (# nurs state laryland	NG HOME OR O 13b COUN Wicol	TY	GIVE RESIDENCE BEF 13c CITY OR TO Salisbu	NWC	13d INSIDE C		317 Ced	ss / zıp cc ar Driv	ve	Plant 2180	
2	1	Charles	٨	F.	Whaylan		Sa	S MAIDEN NAM	Prisci			rumble	
/		VAS DECEASED EVER		AED FORCES?	214-10			Mrs. I as #13e	Evelyn Hê	nchclif	fe (Da	ughter)
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED	y ane cause per BY CAUSE (a)	17010	Med	14	Male	ansii		BETY	PROXIMATE IN	O DEATH
	NOI	Canditions, if any, gave rise to imm cause Io1, statin underlying cause	nediate g the last.	DUE TO, OF	R AS A CONSECUTIVE THE	DUENCE OF	NOT RELATE	O TO THE TERMI	INAL DISEASE OR (GIVEN IN PAI	yrs RT Iro	
9	IFICAT	19a DATE OF OPERAT	ION	19b CONDI	TION FOR WHI	CH OPERATION	N WAS PERFO	DRMED	200 AUTOPSY?	INCER	YES, WERE FI		ATH?
9	CAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	HOUR A./	M. MONTH	DAY YEAR 19	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF				
/	MEDIC	216 INJURY OCCURE	ILE 🗆	21e PLACE (OF INJURY EET, FACTORY, OFFIC	CE, FARM, ETC.)	21f LOCATI		CITY	ORTOWN	COUNT	Y	STATE
1	1	220 I certify that (1)	ed plive on	who yody	18 19	SU_, on	d that in (my			STAFF	nour and fram	the causes	(we) lost
1		DR. EARL							T RT. 50	SALI	SBURY.	MD. 2	21801
	23a. E	BURIAL, CREMATION,		236 DATE		NAME OF C	EMETERY OR	CREMATORY	23d LOCATION				STATE
		Burial		3/22	/1985	Parsons	Ceme	tery	Salish	oury, W	icomic	o, Ma	ryland

DHMH - 16 60M 7/84 (VRA 15, 4)

Holloway Funeral Home, P.A., Salisbury, Maryland

MAR 21 1985 Lika Javida 10

death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician. and completely tilled in by the

74043	1	STATE O
0	_ FOR	DEPARTMENT OF HEA

FMARYLAND

LTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

R	EG.	NO.	

REGISTRAI					CERTIF	ICATE OF	ZAIN	REG. N	Ο.			
1. DECEASED NA	AE FI	RST	A	AIDDLE	L	AST		20 DATE OF DEATH	MONTH D	DAY YEAR	26. HOUF	R
(TYPE OR PRINT)	Bow	man	Hi	lman	Wat		Jr.	Februar		1,1985	333	
3. SEX			RACE		5. DATE C		VEAD	6 AGE (IN YEARS LAST BI		MONTHS DAYS	IF UNDER 2	24 HRS MIN.
Male			Whi		2 MONTH	14	39	4				
70. BIRTHPLACE	STATE OR FORE	iGN	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	XX NEVER	MARRIED -	9 BALTIMORE CITY				
Maryla	nd		USA		WIDOWE		VORCED	Wicomico	Cout	ty	To an	MD.
Salisbur			II. NAME OF H	HOSPITAL, NURS IN HEACILITY, GIVE STREET SULA GENE	IG HOME C ADDRESS) ral H	ospita	TITUTION L	170 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Auto Nec				ss or
USUAL RESIDENCE 130 STATE	13b	COUN		GIVE RESIDENCE BEFORE 134. CITY OR TOW Sharpto	N	136 INSIDE O	NO [13e STREET ADDRESS 108 Wate	/ ZIP CODE	reet/2	21861	
14 FATHER'S NAME FIRST	man		MDDLE	Watson.	Sr.	15 MOTHER	S MAIDEN NAM	WIDOTE WIDOTE		Price		34
160 WAS DECEAS				16h SOCIAL SECU		17. INFORMA		ABPR	ESS War		treet	-
Yes NO OR UNK	nown)	958	-1961	220-34-	9998			atson Sh	- 11 66	own, N	VID 21	1861
Conditions gave rise couse ic underlying	if ony, who to immed to couse I	CAUSEI MEDIAT hich iote the lost	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CC	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE THIS TO SECUTION FOR WHICH	NCE PENCE OF	NOT RELATED	CLOCA	200 AUTOPSY? YES NO	20b. IF YES IN CERTIF YES	S, WERE FINDING CAUSES	NGS USED	H?
OR CONTRIB	NT WAS UNDERLY UTING CAUS NOTIFY MEDICAL B	SE OF DE A	P., 21e PLACE	M. MONTH DA M. OF INJURY	19	21f. LOCATI	ON	CITY OR TO		COUNTY	5	TATE
WHILE AT WORK	NOT WHILE		AT HOME, STR	PEET FACTORY, OFFICE, F	ARM ETC)	STREE		CITY OR I)WN	COOKIT	51	IAIE
22a I certif	y that (1) (thing deceased of (we) (did)	olive an (did no	al) attended th 2 21 - 8 Lyiew the body	e deceased from 5 ofter death.		DEGREE	ATTENDING	death occurred an the o	\FF	22c. DATE	(_
1	rcho	125	E. Cro.	n do		22e. ADDRE	-5 R.	morde,		unj.		
230 BURIAL, CRE Burial	MATION, REA	JAVON	236 DATE 2-24-	_		cown F	crematory ireman	Cem., Sha	arpto	wn, Wi	c.,Mi	DATE
24 FUNERAL DIR Zeller		cal	Home,	Sharpto	own,	MD 21	250 DATE	IAR 1 3 1985		RAR'S SIGNA		مانان

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If hem 21 is marked or Hem 18 shows any injury, or other troumotic event, the medical

cowses files and the contract of the contract - hice 2 14 39 m 2 n 14 1 Male Male and the first of the later of the control of the co edwinds h. a theaden, dr. t. The state of the s ve-26-19 Chargeown Mirdean Lan, Sheritown, Ta Delian | Line 14810 | The Charleton of the Control of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

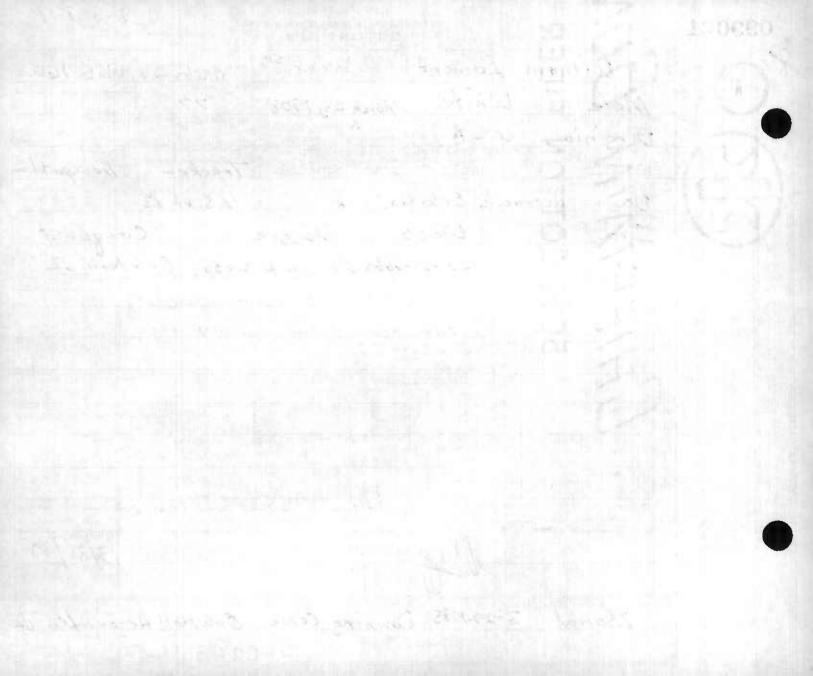
REG. NO IF LINDER ! YEAR 908 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR Peninsula General Hospital 13d INSIDE CITY LIMITS? 13e STREET ADDRESS IS MOTHER'S MAIDEN NAME MIDDLE 17 INFORMAN Dak Hall, 1/2 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 206. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NOF 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 RART 1 OR RART 2) 211 LOCATION COUNTY STREET CITY OR TOWN STATE and that in (my) opinion death occurred on the date and hour and from the causes stated 220 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR NAME

ADDRESS

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician. TO FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the theories as the buriol-transit permit. Then please remove carbon papers. Pages and 2 should be filed with an extract Dept. at Health and Mental Hygiene prior to buriol, cremation, or removal. WE CHANTEL HE STORE DEPT. At Meantal Hygiene prior to buriol, cremation, or removal.
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STATE OF MARYLAND

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1 - STATE REGISTRAR		DEP		FICATE OF DEATH	REG. NO.				
1	1. DECEASED NAME FIRST	MIODLE		LAST	2a DATE OF DEATH	MONTH OA	Y YEAR	26. HOUR	
1	Ora		WH	ITE	March 9,	1985		2.58 M	
1	3 SEX	4 RACE	5. DATE (6. AGE (IN YEARS LAST BE		FUNDER I YEAR	IF UNDER 24 HRS	
1	FEMALE	BLACK	Octob		67		ONTHS DAYS	HOURS MIN.	
		TO CITIZEN OF WHAT COUN	TRY? 8		9. BALTIMORE CITY C	YRS.	OF DEATH		
5	COUNTRY)	LICA	MARRIE	D NEVER MARRIED	WICOMICO				
4	VIRGINIA 10. CITY OR TOWN OF DEATH	1). NAME OF HOSPITAL, NU	WIDOWE IRSING HOME O		120 USUAL OCCUPAT	ION	12h KIND O	F BUSINESS OR	
4	/	(# NOT IN SUCH FACILITY, GIVE S	STREET AOORESS)	on one monor	TYPE OF WORK FOR MOST		INDUSTRY	1 003114033 ()1	
4	Salisbury USUAL RESIDENCE (IF NURSING HOME OR O	Deer's Head							
1	13a STATE Mb/COUN	TY I3c. CITY OR	TOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	04	210	
4	MD.	BA	LTO.	YES NO	1 2106 Lo	NGWOOI	D ST.	* * * * * * * * * * * * * * * * * * * *	
2	14 FATHER'S NAME FIRST N	AIDOLE LAST		15. MOTHER'S MAIDEN NA	ME		EAS	ī	
_	RIC HARD	ARUGUNE	25	FMMA					
	160 WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL S	SECURITY NO.	17 INFORMANT	ADDR	ESS			
-	NO	219-3	0 - 9878	WINSTON BY	RD 1014 W	. 42NI	D ST.	21211	
1	18. CAUSE OF DEATH (Enter only	v one couse per line far (a). (h	ol. and (c).)				APPROXI	MATE INTERVAL ONSET AND DEATH	
ı	PART I. DEATH WAS CAUSED	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ASSOCIATION ONCE MONTH					1 day		
1	IMMEDIATE	1. 1.		THE LET THE THE			1	/	
1	C-19- 4 1-1	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) Green is a consequence of							
1	Conditions, if any, which gave rise to immediate	(b) (a)	r ware	a access			-		
1	cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	EOUENCE OF						
1		((c)							
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 110	,	
Ì	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES,	WERE FINDIN	IGS USED	
1	3				YES T NOT		IN CERTIFYING CAUSES OF D		
7	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCUR				1.0	
1									
	G STATE OF CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION					
1	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC)	STREET	CITY OR TO	IWN	COUNTY	STATE	
ı	AT WORK AT WORK)	- 77			4	0.2		
	22a. certify that (I) (this has been	. 1 .	OIII	19 84		19		that (1) (see) lost	
1	saw the deceased alive on above, (I), we) (dig) (did not	view the body after death.	19 0	nd that in (my) (6) pinion	death occurred an the d	ate and haur c	and from the	causes stated	
1	226. SIGNATURE	0 11		DEGREE			22c. DATE	SIGNED	
J	()m	4. Heve	P	ATTENDING PHYSICIAN	MEDICAL STA		3/9	193	
/	22d. PHYSICIAN'S NAME (TYPE OR	PROLIF		22e ADDRESS					
	In Ja HWA	ING M.D.		Deer's Head	Center, Sa	lisbur	v. Md.	21801	
1	230 BURIAL CREMATION PEMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	BURIAL				CITY OR TOWN		COUNTY	STATE	
	24 FUNERAL DIRECTOR	12/ 10 / KD	MARYLA	JAMPITAN DN	E REC D. BY RECISTRAR		REL	TD.	
	1 - NAME O D.	ACON I ACOR	ESS 11 -	- A 1 M	AR 1 2 1985		avedon-	-Manda 10	
	LEROY U. DYETT	4600 LIBER	TY HGT	S. AVE.	2 23 1000	U		1 10000	

DHMH - 16 50M 4/83 (VRA 15, 4)

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(VRA 15, 4)

9106	1-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH REG. NO.							
		EASED NAME FIRST.	108-0-1	MIDDLE	(AST	20 DATE OF DEATH N	ONTH DAY	YEAR 26 HOUR	R	
page er dep		Ernest	₽.		WILHELM		3 21	85 121		
of po	3 SEX		4 RACE		5 DATE OF BIRTH	6. AGE IN YEARS LAST BIRTH	DAY) IF UND	DAYS HOURS	24 HR	
urs a	1	Male	Whi		July 29 1905	79	YRS			
in 72 hou		Phila. Pa.	US.		MARRIED NEVER MARRIED WIDOWED DIVORCED	Micowico		EATH		
by the fu		alisbury	Penin	HOSPITAL, NURSIN S'UL'AGNGET	reral Hospital	Retired		NS. Rep		
should be er merbe	13a. S De	TATE 196 COU	NG HOME OR OTHER INSTITUTION, GIVE RESIDENCE BE 186 COUNTY 13. CITY OR T Sussex Georg		/N 134 INSIDE CITY LIMITS?	102 South Front Stre			19 eet	
completely 1 and 2 sh		Harry AS DECEASED EVER IN U.S. A		Wilhelm Tibb SOCIAL SECU	Alice W	MIDDLE	owns_	LAST		
Poges 7			VE WAR OR DATES)	222-01						
physician npapers. I moval.		18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS	nly ane cause pe ED BY (TE CAUSE (a)		nd (c)	. Wilhelm		APPROXIMATE INTERVIBETWEEN ONSET AND D	VAL DĘ A	
d by the attending lease remove carbo ral, cremation, or re or ather traumatic e		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF								
Then p to bur njury,	NO NO	PART 2 OTHER SIGNIFICANT HULLUSCH	enolitions c	Went D	DEATH BUT NOT RELATED TO THE TER	rminal disease or cond	ITION GIVEN IN	PART Ira		
hysician. icate has been ronsit permit. I Hygiene prior 18 shows any is	CERTIFICATION	190 DATE OF OPERATION	196 COND	OITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?		E FINDINGS USED CAUSES OF DEATH NO	H?	
ding physicio s certificate I surral-transit Mental Hygie rr Item 18 sha		210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE	ATH HOUR A	DFINJURY M. MONTH D M.	AY YEAR	PRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OF	PART 2)		
ter this case the build with a med Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY IREET, FACTORY, OFFICE, I	FARM EIC) 211 LOCATION STREET	CITY OR FOW	N CC	DUNIY ST	1 ATE	
STOR: Affor use of Healt		220.1 certify that (1) (this hosp saw the deceased alive a abave,			, and that in (aur) opinio	n death accurred on the dat	e and hour and t	, that (I) (w		
AL DIRECTORE OF THE POINT OF TH		276. SIGNATURE	~		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		3-27-8	7	
POSTAN		224 PHYSICIAN'S NAME LIVE	ORPRINT) TYTON	1.10.	270 ADDRESS	BX379-	SALISA	uny ind	2/	
000		URIAL, CREMATION, REMOVA	23b DATE	236	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COU	190 57	TATE	
		are Ciril								

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (3) MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN DAY 2b. HOUR (TYPE OR PRINT) OF ESTI-CRAWFORD WILLIAMS Clayton 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 3 SEX DATE LAST BIRTHDAY PRONOUNCED White Male 70 9 BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTRY) Wicomico U.S.A. DIVORCED X Maryland WIDOWED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Rest. Owner Retired Salisbury USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 30. STATE Salisbury Wicomico 405 Pacific Ave YES [Md. NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lavinia Corkinan Williams Clayton 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) [IF YES, GIVE WAR OR DATES) Rita Adkins 213-18-4755 W.W. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN QUISET AND DEATH PART I DEATH WAS CAUSED BY Coronary Occlusion Spicole DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Cardiovascular Disease Canditions, il ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO. 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY FARM FTC 1 CITY OR TOWN WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 Inspection X 220 I certify that I took charge of the remains described obave, held an Autopsy Stural causes X Accident Hamicide Undetermined manner TITLE (SPECIFY) Deputy SKINATURE EXAMINER'S NAME 409 Camden Ave., Salisbury, Md. Earl L. Rover. Md Wicomb60 Sarisbury 3-8-1985 Wicomico Memorial Park BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** Baker-Bounds, Salisbury, Md. (VR A15 ME (5) 20M 4/B2

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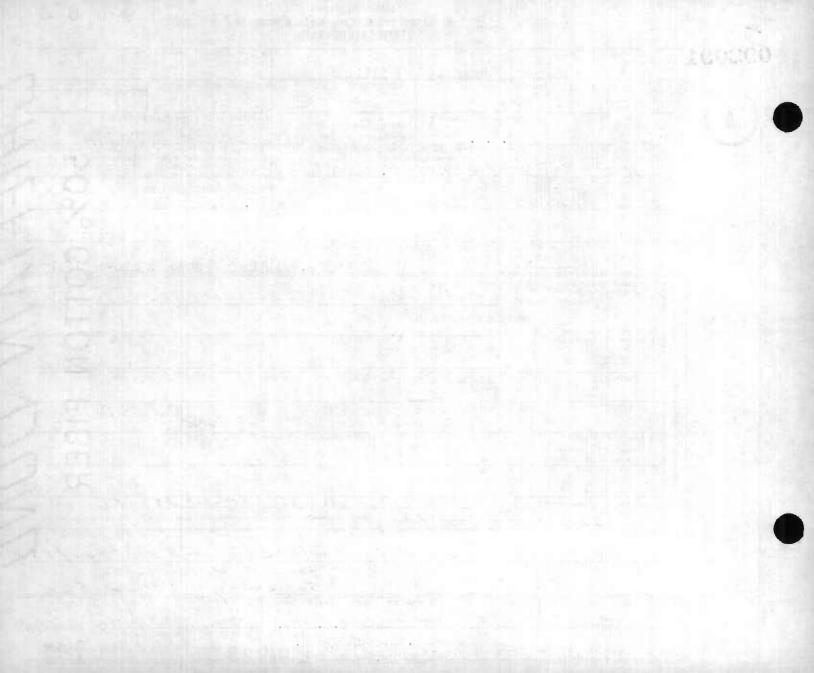
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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1/	10	REGISTRAR		CERTIFICATE OF DEATH						REG. NO.					
92091		CEASED NAME	FIRST		WIDDIE	ı	AST		20 DATE OF D		TH DAY	YEAR	25 HOU	R	
2003	LIAN	OR PRINT)	Rosal	ie .	Juanita	Mi	lliams			3	23	85	197		
d	3 SE	X		RACE	o datin da	5 DATE C	OF BIRTH		6 AGE (IN YEA	RS LAST BIRTHDAY		DER I YEAR	IF UNDER	_	
		Female	1611	Negro		MONTH	DAY 1	111	14	1	YRS	45 DAYS	HOURS	AA il	
A to	De B	IRTHPLACE (STATE OF	FOREIGN 7		WHAT COUNTR	XY? 8	rst.		9 BALTIMORI			DEATH		-	
Ch	Ma	ryland	180	U.S	Λ	WIDOWE		MARRIED .	Sal	isbury	CMITCO	MTCO)		
		ITY OR TOWN OF DE	ATH 1	1. NAME OF	HOSPITAL, NUR	SING HOME C			12a USUAL O	CUPATION	12	KIND O		SSC	
A P	1	Salisbury		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Riverside Drive Ext. BOx 124A						lab technician PGHMC					
9 9	USU	AL RESIDENCE (IF NU	SING HOME OF O	THER INSTITUTION	GIVE RESIDENCE BEI	FORE ADMISSION)						1 GIL	110	,	
35	3	arvland	Wicom		Salisbu		13d. INSIDE (NO 🔀	Rt. #1			2/	80	/	
2 sho	-	ATHER'S NAME				AL y	1000	'S MAIDEN NA	ME		ILTA C				
P 16.4	V ,	Warner	M	DDLE	Turner	2	RO	salie		WIDDIE		Pric			
3	16a \	WAS DECEASED EVE			166 SOCIAL SE		17 INFORM			ADDRESS		1110	C		
Pog house	-	YES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	12 6		Samue	l A. Wi	lliams	same	as ah	ove/	2180	1	
the east	-		TM (Fatar eal)		land for the the	and in i	Locultuc.	T N. WI.	TTTOMS	Same	as at		MATE INTER		
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8000	1	Sec. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	IMMEDIATE	CAUSE (o)	- 0	, , ,	C-6/4				-		729		
n signed by Then please r to buriol, c injury, or off	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0										o			
hos been prior	MEDICAL CERTIFICATION	19a DATE OF OPERA	NOITA	19b COND	ITION FOR WHI	CH OPERATIO	N WAS PERFO	ORMED	206 AUTOPSY? 206 IF YES, WERE FINDING IN CERTIFYING CAUSES CO YES YES			OF DEAT			
tronsi tronsi		210. ACCIDENT WAS UP		21b. TIME C	F INJURY .M. MONTH	DAY YEAR	21c HOW I	NJURY OCCURE	RED (ENTERNATU	RE OF INJURY IN I	TEM 18 PART I	ORPART 2)			
uriol Aente		(IF EITHER NOTIFY MEE			M.	19	211 LOCATI	ION							
s the b		21d INJURY OCCU!	HILE [OF INJURY REET, FACTORY, OFFIC	TE FARM ETC)	STREE			CITY OR TOWN		OUNTY	5	TATE	
s mo		220.1 certify that (1) (this hospital) attended the deceased from February 25 19 85 to March 23 19 85 that (1) (we) los													
21 H		sow the deceo	sed ofive on_	Ma.	otter death	85 or	nd that in (my	opinion o	death occurred	on the date of	nd hour and	from the	couses sto	oted	
hed ept hem		226. SIGNATURE		7 7.	7		DEGREE					22c. DATE		,	
AL D detoc ste D		1	G -	/ca	ite	m, c	,	PHYSICIAN 5	MEDICAL DIRECTOR	STAFF		3/	5/	8	
TAN TAN	1	224. PHYSICIAN'S N	AME (TYPE OR	PRINT)	0.00		22e ADDRE	55 1300		1,1,5		54			
should be with the MAPORTA		James	: E	· Ma	rfin	M.O.		501:	sbar.				80		
5 ¥ ₹ ₹	23a	BURIAL, CREMATION		23h DATE	-	It. NAME OF C	EMETERY OR		23d LOCAT						
		(SPECIFY) Buria		3/30/8					CITY OF	TOWN		UNTY	5	TATE	
	24 F	UNERAL DIRECTOR		1 1/ 10/ (DE JO	Taura	M. Cem. y Rd. DAT	E REC D. BY REC	GISTRAR 25b. F	Wicom	S SIGNAT	URE	113	
16 60M 7/84	To	OLLEY MEMO	DTAL	TADE	ADDRES	MC.#2,	Jersey	y Rd.	000	nor /	Ria Da	i dom	Renda	20	
RA 15, 4)															



DHMH - 16 50M 1/81 (VRA 15, 4)

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FOR

- STATE

REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR ANNE AMSON AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED Pont Gepen 100 MILD DIVORCED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 13d INSIDE CITY LIMITS? LISBUR WICOMILO YES [McSWAINN HOUSTON tex 7703 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NOIDRUNKNOWN) (IF YES, GIVE WAR OR OATES) 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY 20125 ARDIOVASCULAR COLLAPSE YKS Conditions, if ony, which gove rise to immediate couse to storing the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION Agrical Fibrillation 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 10 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) STREET NOT WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN TORRECTOR PHYSICIAN 20/8 FUNERAL old be deto 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 540 RIVERSIDE DRIVE COLLIGAN W. 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DIATE IL Mem l'Ani

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND

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985087	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 0 9 6 8 5 CERTIFICATE OF DEATH								
1 Bil)	(TYPE		3.271 14.RACE	WIDDIE	Wilson	20. DATE OF DEATH MALE 6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR 26 HOUR 15/1985 4 7 RIHDAY) IFUNDER 1 YEAR IF UNDER 24 HR				
g. 100 g	3. SE	Female	White 75 CITIZEN OF WHAT COUNTRY? U. S.		DATE OF BIRTH	89	MONTHS DAYS HOURS MIN				
7 Stephen		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland			MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF Wicomico	DR COUNTY OF DEATH				
by the filled		ty or town of death Lisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital			12g. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Housewi	OF WORKING LIFE) INDUSTRY				
n 24 hou	13a S			13c. CITY OR TOW	N 13d, INSIDE CITY LIMITS	Times S					
or de de la company de la comp		Tohn	MIDDLE	Lewis	15. MOTHER'S MAIDEN FIRST Kate	WIDDLE	L awson LAST				
be execu		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	218-20-8		R. Wilson,	504 Douglas Rd. Salisbury, Md.				
s that the death certificated by the attending physical cemore carbon paperical, cremation, or removal or other traumatic event, to		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	(b)	R AS A CONSEQUE							
on. hos been sign if permit. Then the permit. Then to the permit ows only injury.	CERTIFICATION	19a DATE OF OPERATION			OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sigma \cdot \)				
ING PHYSICIAN: The rateding physicion of the rhis certificate has the buriol-transit fith and Mental Hyges the and Mental Hyges oaked or frem 18 show oake	MEDICAL CER	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	ATH HOUR A P 21e PLACE (AT HOME, ST	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19 211 LOCATION	CURRED (ENTER NATURE OF INJU	OWN COUNTY STATE				
by the hospital ob by the hospital ob ERAL DIRECTOR: A edetoched for use edetoched for use Stote Dept of Heal ANT: If them 21 is m		220 I certify that (I) (this has saw the deceased alive or obove, (I) swell-(did) (did no obove, II) swell-(did) (did no obo	ot view the body	19 5	DEGREE ATTENDIN						
TO FUN should be with the IMPORTY	23a E	BURIAL, CREMATION, REMOVA	23b. DATE 3/15	155 P	NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	DOUNTY A TRATE				

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6	-/		REGISTRAR				CERTII	ICATE OF D	EATH		REG. NO	D.			
	(8)		CEASED NAME	FIRST		MIDDLE		MAST WOO	TTEN	20. DATE C	FDEATH	HTHOM	DAY YEAR	2b. HOUR	75
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	6	3 SEX	Χ	1	I. RACE		S. DATE	OF BIRTH		AGE IN	YEARS LAST BIRT	HDAY)	IF UNDER I YEA		
	ge 4 r		FEM	100	CA	4	MONT	JAN	89	96		YRS.	MONTHS DAYS	HOURS	MIN.
	g = 5		RTHPLACE (STAT	E OR FOREIGN	L CITIZEN O	F WHAT COUNTR	r? 8. MARRIE	D NEVER A	AARRIED -	1			Y OF DEATH		
	to The Table		DEL	A	Uc),	WIDOW	ED DI	VORCED		COMICC				MD.
	offer of 1		LISBURY	DEATH	II NAME O	F HOSPITAL, NURS	ING HOME	OR OTHER INST HOME	NOITUTION		OCCUPATION FOR MOST O	F WORKING L	IFE) INDUSTRY		SOR
201	os os os			MURSING MOME OR	OTHER INICTITUTE					KEI	/ En	CHEK	E	1000	75
ND 21	24 ho	13a. S	TATE TO STATE	13) COUN	TY	13c. CITY OR TO	WN EL	13d. INSIDE C	NO TE	13e STREET	ADDRESS	ARP	TOUN	RI	2
YLA	\$ 50 P	14 F	THER'S NAME	1 2 9		1 / - / -		15. MOTHER'S	MAIDENNA	ME					
MARYLAND	d wind	21	11VEXT	50 6	AIDDLE 2	CITTINI	.IAM	NA	PIL ET	MAR	MIDDLE	AN	nesed.	S.	
X	Con Con	16n A	VAS DECEASED E	VER IN U.S. ARA	AED FORČES	? 166 SOCIAL SE	CURITY NO.	17 INFORMA	NT	(UU)	ADDRE	SS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
BALTIMORE,	ond one		YES, NO OF UNKNOWN		WAR OR DATES)			MAO	15 W	000	572	sev	EL-1	AS AR	20115
E E	be be	=	NO				,	1/4///	~ / / /	-1111	4/0			XMATE INTERV	
BA	hysic pape avol.		PART I. DEAT	H WAS CAUSED	y one cause p DBY.	per line for (a), (b)	and ic	N. He	11751	low	20		BETWEE	MONSET AND D	EATH
ST.	ban ban rem			IMMEDIATI	E CAUSE (0)	cenen	rea	au -	0000		- 00			WIL	_
PRESTON	oth corling or no				DUE TO,	OR AS A CONSEC	UENCE OF								
RES	dec		Conditions, if		(b)										-
W. P	the the		couse (a), s underlying c	toting the	DUE TO,	OR AS A CONSEC	UENCE OF								
201 V	tho d by least ral, a		onderlying c	0030 1031.	((c)										
	signe hen pl to bur tjury, o	Z	PART 2 OTHER	SIGNIFICANTO	reli	CONTRIBUTING T	DEATH BU	NOT RELATED	API SO	~//		DITION G		110	
DIVISION OF VITAL RECORDS	nut. I	CERTIFICATION	19a DATE OF OP	ERATION	19b. CON	NDITION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	200 AU	TOPSY?		S, WERE FINE		
2	n. nos b	F								YES	NOF		IFYING CAUSI	S OF DEATH	1?
ITA	No. The system of the system o	ERT	210, ACCIDENT WA	S UNDERLYING	21b. TIME	OF INJURY	7-17	71c HOW IN	JURY OCCURE						
> 4	phys phys of Hygo of Hygo		OR CONTRIBUTING	CAUSE OF DEAT	In .	A.M. MONTH									
N	s certification of Mental or Item	MEDICAL	21d INJURY OC	MEDICAL EXAMINER)		P.M. E OF INJURY	19	21f. LOCATIO	ON					41111	-
ISIO	PH P	ME	WHILE N	OT WHILE		STREET, FACTORY, OFFIC	E, FARM ETC)	STREET			CITY OR TO	WN	COUNTY	STA	ATE
20	NING or off after or the norke		AT WORK	I WORK	100 100 100 100 100	4. 1 1 .	4	1/,	10 /1	4-	3/11	-	1881	that (I) (w	a) last
	DA: OR Hed		THE S COUNTY INC	Amend oliver on	3/1	he deceased from	× /	od that in (my)	(our) opinion	deoth occur	red on the de	ate and ha	or and from th		
	ATT ospi ospi d fo m 2		22k SIGN SUR	Lidid (did not	MENATH bo	dy after death?		PEGREE						E SIGNED /	
	OR DIR		11	1.1	101.	100	1 1		ATTENDING PHYSICIAN	MEDICA	L_ STAI	FF _	2	117/8	7
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	etoined by TO FUNER should be d with the Sto														
Cila	Tinna	23a	BURIAL, CREMATI	ON, REMOVAL	23b. DATE	-		CEMETERY OR	CREMATORY	23d LOC	TY OR TOWN		COUNTY	ST/	ATE
99	BP	E	BURIAL	_	ITM	AR85	UNIZ	N		62		Tou		DE	
	DHMH - 16 60M 7/84	24 F	UNERAL DIRECTO	OR OR		7ADDRES	n	-	250 DAT	E REC'D. BY	REGISTRAR	25b. REGIS	TRAR'S SIGN	ATURE	
	(VRA 15, 4)	K	1-10	IDA.	/	9947-10 (1360	5	MAK	40	186	whenl	widow-	andelle	1

Sylvest R. O. E. M. annu Maca Fillian Med Good THE REPORT OF THE PROPERTY OF THE PARTY OF T MARINE BELLEVISION OF THE SERVICE SERV